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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*On the relations of Pathological Anatomy to Practical Medicine.* By the EDITOR.

Medicine is a practical and not a metaphysical science, and its history shows how unstable and short-lived have been those systems, whose authors, leaving the toilsome path of observation, analysis and induction, have gone astray on the attractive field of synthetic speculation. We now can scarcely, without a smile, read of a "materia peccans," a "weakness in the organic movements," "exhaustion of the mechanical powers," or some faulty condition of the blood, bile, or secretions, altogether imaginary, indeed never even investigated, gravely set down as the very "causa et essentia morbi," and yet what better results could we expect from attempts to rise from the consideration of the sensible phenomena of disease, up to the primitive powers of life, passing by those lesions which are the bond of union between the two—starting on the path of observation, but too soon turning aside therefrom. Morgagni it was, Morgagni, the pupil of Valsalva, who daring to break through the trammels of authority, brushed away the cobweb theories which dimmed the lustre of our art, compared the lesions found after death with the symptoms observed during life, and, as a general rule, truly set down the latter as effects produced by the former; indeed now-a-days none but a Homœopathist questions the proposition, that a knowledge of the intimate structure of organs, and of the rise, progress, and termination of the various morbid changes to which they are subject, is the only sound foundation on which to

base every investigation into the nature of disease, as well as every rational indication for its successful treatment.

Certain primary modifications—departures from the normal state of one or more organs—may of themselves, give rise to certain groups of phenomena, called symptoms, and though these symptoms may teach us a good deal as to the origin and progress of disease, we should never, by their aid alone, learn what its termination may be, what the lesions are which destroy or threaten life, how or why they do so; and yet this is the very knowledge which the physician wants, aye, and must have—he must know what it is which requires healing, and how he should proceed to assist the curative efforts of nature, if he is to treat disease otherwise than as an empiric, and a blind one to boot; to give us this knowledge is the business of Pathological Anatomy. We acknowledge that post-mortem examinations reveal changes which are often a consequence, and not a primitive cause of disease; but science separates the categories, arranges facts in their right places, explains the sequence of phenomena, shows that a certain modification of the state of an organ---inflammation for example---causes, or is followed by certain sensible changes in the part, which changes, though secondary, are often far more important than the primary affection; as in a case of chronic pleurisy, where we will suppose a collection of fluid in the cavity of the pleura, kills the patient by interfering with the functions of the heart and lungs; and yet the effusion was but an effect of previous inflammation. Again, false membrane in a case of croup, destroys life by asphyxia, yet is itself the result of a peculiar variety of inflammation. In neither case did the immediate cause of death constitute the disease---the disease was inflammation--and yet the period arrived when that was no longer the source of danger, but its effects became so. We need say no more on the value and importance of a knowledge of *the sequence of phenomena constituting the march of disease*, and of the wisdom of adopting the advice contained in the old motto, "principiis obsta"-- conquer the first beginnings.

Symptoms are local or general; the former produced by those derangements of the functions of an organ which are the consequence of a morbid state thereof; the latter depending on the reaction produced in other systems by the local disorder. To the former alone, as being almost constant when properly sought after, are we to look for the means of determining the origin and seat of the disease; for the latter are subject to endless variety, depending on idiosyncrasy, varying degrees of sensibility, extent of primary lesion, &c. The

study of local symptoms has enabled us to banish from the list of diseases, many which are wholly symptomatic, yet were considered independent—such as several varieties of dropsy, asthma, angina pectoris, dyspnœa, palpitation, &c.,—to distinguish as really independent, such as had been wrongly referred to one and the same lesion, and to unite under one head such as had been wrongly separated. It had been asserted that most, if not all diseases, were general—that is essential—before they became local; and we must allow that the local disease is often so masked by the prominent general symptoms, or is so little marked by peculiar ones, as to be recognized with extreme difficulty, a difficulty that lent probability to a theory which is every day losing ground; while the progress of pathological discovery gives rise to a rational conjecture that the time is not far distant when it shall prove untenable altogether. At all events, from the moment the local disorder is detected, its removal becomes the one object, to accomplish which, all our powers must be exerted. Let it be distinctly understood, that we do not deny the existence of general diseases, in one sense, in all probability, such as have their origin in disorder of the nervous system as a whole, or a morbid change in the constitution of the blood, will always be considered general, for nerves and blood are every where; nor must we forget that Pathological Anatomy does not pretend that there is nothing beside what the scalpel, the microscope, and the laboratory reveal, for doubtless, there is behind all sensible morbid changes, some as yet unknown modification of the state of the nervous system, local, partial, or general. Pathology itself is still but a young plant, and pathological chemistry and microscopy are mere buds thereon. Numerous are the cases where it has but a negative explanation of phenomena to offer; for it does not teach that disease is material, simply that it is a modified condition of material; its object is to determine what the lesion is which gives rise to certain groups of phenomena called symptoms, what the primary modification producing lesion, and beyond that again---highest effort of human reason---what the very nature and essence of disease.

He alone is worthy the dignified title of physician, who at the sick bedside, recognizes by the rules of his art, with as much of ease and certainty as that art will enable him to do, the nature and seat of the disorder before him. The day has gone by when the mere routine practitioner might curl his lip in ignorant derision of terms denoting a knowledge beyond his ken, and exclaim, "what matters it how you name the disease, if I can cure it?" We think such a man would be ex-

ceedingly likely to mistake a pericarditis for an affection of the brain, and would be pretty sure to purge and bleed in hydrencephalic disease brought on by exhaustion, we have seen worse mistakes made, by men having authority too. And yet we do not neglect the fruits of purely empiric experience, for 'tis that which has taught us to use mercury in syphilis, iodine in scrophula, bark in ague, and a thousand similar good things; but fully aware of the importance of early recognizing the nature of the malady, and never losing sight of those organic changes causing suffering and death, to which Pathology teaches us that unchecked disease will surely lead, the true physician seeks to arrest the progress of this, that he may prevent the occurrence of those, by all the means at his command, from whatever source derived.

It may be truly said that when Bordeu first hazarded the assertion that every fever is caused by irritation in some viscus, he inserted the point of the wedge which Pathological Anatomy has ever since been driving home. Broussais, founder of the physiological school, saw in every such case but a variety of his favorite gastro-enterite; nor should we forget that his views, though narrow and partial, and therefore eminently mischievous, when made the groundwork of therapeutic action, were based on anatomical facts. The pathological school also seeks to localize fever, but it goes further, and looks for its origin in other lesions than inflammation or irritation.—Whether its generalizations have been carried too far or not, the effect of its labors upon practical medicine, has been to simplify nosology as well as nosography, by giving a determined form, literally a local habitation, a name, to many a disease which had hitherto lain entombed in a heterogeneous jumble of symptoms, called fever. This is much—but more than this, it has given the physician precise indications, where before all was conjecture—blind empiricism—compelling him to fix his attention on the local affections which are in most fatal cases the real and direct cause of death, and therefore always to be watched with jealous eye as the main source of danger. Take as an example, that disease which every day becomes of greater interest, and has been honored with such various epithets, the one more extravagant than the other, while a good name is still wanting. We mean typhoid fever, the nervous fever of old authors, the typhus abdominalis of the Germans, the dothinenterite of the French, enteritis follicolosa, as some English writers have it. gastro-interite adynamique according to Broussais. In this disease, Pathological Anatomy teaches us that inflammation of the aggregate and solitary glands of the ileum, tending to ulceration, with the

danger of perforation, is the characteristic lesion found in a majority of cases. Further, that the well-known typhoid exanthema is abundant in inverse ratio to the affection of the bowels; that is, that where there is much rose eruption, there is little inflammation of the mucous glands, and vice versa; then there is delirium and stupor, yet lesion of the brain is rarely found after death. What do these facts teach us, if not that to limit the disease of the bowels within the narrowest possible bounds, is a therapeutic indication never to be lost sight of during the whole progress of the disease: they teach us moreover, the folly of employing medicines which considerably increase the peristaltic action, or which prove a source of mechanical irritation: in either case, exasperating the morbid process which is one of the main sources of danger to the patient. We are not contending that an enteritis folliculosa is the essence of typhoid fever, any more than we suppose inflammation of the cutaneous follicles to be the essence of small-pox; far from it: not only is this lesion wanting in many cases (though the characteristic symptoms are then also wanting) but a similar and probably identical lesion has been found in adynamic scarlet fever, small-pox and Asiatic cholera, as well as after poisoning by lead, arsenic, alcohol and secale cornutum; all cases, be it observed, where a specific contagious matter, miasm, or poison has contaminated the system. Are then the mucous glands emunctories by which nature seeks to eliminate the morbific matter, or do they become diseased by the action of acrid fluids absorbed from the contents of the bowels in the manufacture of blood? Until we know more of their functions in health, we fear the question must remain unanswered. The blood, in typhoid fever, is invariably and remarkably changed in its physical properties, though pathological chemistry, as we have already remarked, is too young a science to afford us data on which to found therapeutic indications of any great value. In the exanthematous fevers, we find a similar change; a circumstance which gives more probability to the opinion now gaining ground, of the analogy between typhoid fever and small-pox, the one an exanthema, the other an enanthema. In the latter a contagium in the blood, either received from without, or produced within the system, gives rise to the phenomena of the disease; which phenomena are supposed to be produced by the effort of the constitution to throw off morbific matter, whose intrinsic nature determines the skin to be the organ of elimination, and vesicles proceeding to suppuration, the manner thereof. In typhoid fever, on the other hand, the bowels are in a majority of cases, the seat of the eliminatory effort,

and perhaps always normally, though by no means, invariably so; just as sometimes happens in scarlet fever, where absence or incomplete development of the rash is replaced by affections of internal organs, and this may be the case in the cerebral form of typhoid fever, where the mucous glands are often found unaffected. Not but what lesions of the brain and its membranes sometimes coexist with lesions of the intestinal tube; and in some fatal cases, no lesion either of the one or the other, is to be detected. What then is the true relation of the stupor and adynamia, which alone *invariably* characterize typhoid fever, to the affection of the intestinal mucous glands? Both are symptoms, that is secondary consequences, of a morbid state of the blood, a state evident to the senses, invariably present, becoming more marked as the disease proceeds, and known to be produced either by a contagium, miasm, or septic exhalation acting from without, or by want, depressing passions, fatigue, or acclimatization acting within; and to the effects of these agents, animals are almost as susceptible as man, and in them similar phenomena follow similar exposure to similar morbid influences. Leaving the nature of these morbid changes in the circulating fluid altogether out of sight, it is evident that a blood so changed in its physical properties cannot be a healthy blood, cannot be expected to sustain the vital organs in the due performance of their functions. Indeed, the sinking of the vital energies is found to be exactly in proportion to the progress of the morbid change in the blood, so that life is sometimes extinguished by their failure, before an attempt has been made to rid the system of the poison; in which case no other lesion is found after death, but a dissolved state of the blood, as it is called; and this leads us to the consideration of one of the most practically valuable, and theoretically beautiful of the many good things with which the study of Pathological Anatomy has blessed us. Who does not remember the trembling anxiety with which he used to commence the use of stimuli in fever? What a contrast to the ease and certainty with which we now recognize the right moment for their administration. From the commencement of the adynamic stage, generally from the 9th to the 11th day, and precisely in proportion to its development, does the first sound of the heart become more and more abrupt, till it cannot be distinguished from the second sound in length, strength or tone, then it gets weaker and weaker, until no longer audible. The moment we discover this change, is the moment for giving stimuli, subject to some practical conditions which we have not time to dwell on here. The rationale of this phenomenon is this; the sounds of the heart are, as we know, produ-

ced by the muscular contractions of the ventricles, the friction of the blood against their walls, particularly at the apertures, the concussion produced by brisk closure of valves, &c. As long as the stage of irritation continues, the muscular powers of the system are not very sensibly diminished, are even occasionally preternaturally exerted in delirious efforts, but as they fail, so does the prolongation of the first sound, which is mainly produced by the contraction of the muscular substance of the heart, gradually cease to be heard, and the sound caused by the shutting of the auriculo-ventricular valves, nearly resembling the second sound produced by the closure of the semilunar, is heard alone ; finally even that ceases, the valves shutting with too little force to produce audible sound. If the state improve under the use of stimuli, the sounds return to their normal intensity and rythm in inverse order, and thus afford an equally good index whereby to regulate the quantity employed, the length of time during which their use should be continued, and the proper period for their abandonment.—We once had the pleasure to see a patient recover, in whose case the first sound was inaudible for three days, during which time he was fed on musk and old port.

We pass over diseases of the brain, in the diagnosis and treatment of which, vast improvements have been made, entirely owing to discoveries in Pathological Anatomy.

In the category of diseases of the spinal marrow and its membranes, idiopathic tetanus, which had always been considered identical with meningitis spinalis, has been shown to be a perfectly distinct disease, in which, not a trace of true inflammation is to be found. The active antiphlogistic treatment which alone offers any hopes of cure in the latter, is death in the former, while the administration of heroic doses of narcotics, especially opium, is the treatment which often restores a patient suffering under true idiopathic tetanus to health.

The diagnosis of diseases affecting the thoracic viscera, was a hundred years ago, so difficult, that Baglivi, a distinguished pathologist, exclaims, "O! quam difficile est morbos thoracis cognoscere!" We may now say quam facile! Would to God we could boast that our treatment had improved in proportion to our knowledge! Still, one result has been obtained of practical value ; the power of distinguishing chronic bronchitis from tubercular consumption, a thing of no small importance, when we remember that while the former is often cured or palliated by a removal to a warmer climate, that course invariably hastens on a fatal termination in confirmed phthisis.

While on the subject of diseases of the respiratory organs, we would say a few words on one to which we have devoted

especial attention; we mean Laryngismus Stridulus. Our experience in every respect corroborates that of Hugh Ley, who found that in most of the cases he examined, enlarged cervical or bronchial glands, exerted an injurious pressure on the recurrent nerve. How the Germans, who call the disease sometimes, Asthma Thymicum, Thymic Asthma, sometimes Spasmus Glottidis, can persist in laying all the blame on the poor thymus gland, we cannot imagine, for on their own showing, they have found it hypertrophied, atrophied, schirrous. tuberculous, hardened or softened, and of a surety, it requires more credulity than we can boast, to believe that such diversified states of an organ can produce *identical* symptoms; besides, they have never attempted to show *how* a diseased thymus gland produced the symptoms of Laryngismus Stridulus; they talk of its having been a source of irritation to the lungs or heart, but the disease does not affect either the lungs or heart, but the glottis. The fact is, the anatomy of children has been so little studied, that appearances which are not morbid, but simply natural in the young subject, peculiar to the stage of development, are continually being put down as results of disease; when one begins the rest follow in the track, taking the ipse dixit of the first blunderer for sober truth, without taking the trouble to examine, much less to think for themselves. And what has been the effect of neglecting to consult Pathological Anatomy in this case? Why the mortality has been increased a hundred fold by the use of antiphlogistic, where the simplest antiscrophulous treatment was indicated. Kopp, a great Teutonic authority, killed nearly all his patients with calomel and leeching. Rullman boasts of having brought about a cure in two years and a half! and Pitschaft of having *sustained the patient* (the disease he should have said,) for three whole years, to die at last, the victim, poor child, of the good intentions and ignorance of its doctor. On the other hand, Hachman, Ley, and others have employed the simple means suggested by correct views of the pathology of the disease, with such success, that probably not more than one out of twenty dies, when the patients come early under treatment, and a cure is often accomplished in two or three weeks, or less.*

Of diseases of the heart, we will only remark that if the method of physical examination had done nothing more than enabled us to recognize in time to save the patient frightful sufferings and a lingering death, those affections of that organ which Pathological Anatomy teaches us accompany acute

* We would not have it understood that we consider Laryngismus stridulus as *solely* attributable to the pressure of enlarged cervical or bronchial glands on the recurrent nerves, only insist on its very superior frequency as a cause.

rheumatism in so large a proportion of cases, it would have immortalized its discoverer. For comparatively little does it avail to know that a man has serious valvular disease, when too late for the employment of other than palliative remedies, and but rarely could the imminent danger be detected by other means than auscultation. The following instructive case came under our notice a few years ago: a person sickened with symptoms which the young physician called in, immediately recognized to be those of pericarditis. He explained to the friends the imminent danger, and the active treatment necessary, and requested a consultation with a distinguished Professor of clinical medicine. Accidental circumstances prevented the attendance of this gentleman, and the Nestor of the place was called in instead, a man of very considerable learning and practical skill, but a staunch partizan of the old school, despising auscultation, and looking upon all who practised it as either knaves or fools; the old gentleman pooh-poohed the diagnosis of the young one, and declared the symptoms to be merely hemorrhoidal, ordering a little sulphur, cream of tartar and so forth. In due time the patient died; a post-mortem examination was insisted on by the younger physician, which showed that he had been right in every particular. We shall never forget the look of the old gentleman, when the heart, with its pericardium covered with adventitious membrane, was placed before him, and he was asked if he called *that* hemorrhoidal disease, he answered by taking up his hat and leaving the room.

What light has not Pathological Anatomy shed upon diseases of the arteries and veins? how does it day by day lift some additional part of the veil which conceals the real nature of certain diseases of the vascular system from our view?

We often hear the question put, "what avails refinement and accuracy in the diagnosis of diseases of the heart? after all we cannot cure them"—and this in the teeth of the fact, that the inflammatory affections of that organ are, when early discovered, often perfectly cured, while a suitable treatment of those cases where valvular disease is already established, a treatment altogether based on the revelations of Pathological Anatomy, has prolonged life twenty or even thirty years. Improper, or no treatment, on the other hand, would have left the patient liable to be suddenly cut off at an early period, or to die by inches, after protracted, almost intolerable suffering. We need only name angina pectoris, asthma, dyspnœa, palpitation, dropsy, and so forth, all now known to be often mere symptoms of heart affections, though, as we have already remarked, formerly considered essential diseases.

We might vastly extend the catalogue of benefits conferred by Pathological Anatomy on Practical Medicine, did our readers require proofs of the reality and importance of those benefits. We will conclude with a few words on the mental and moral qualifications necessary to a right study, with a view to a useful application of the truths with which that science presents us.

In a science like that of Medicine, where the physician is so to speak, high priest at the altar of health, guarding the sacred flame of life, clothed in a dread responsibility, the one moral quality, inclusive of all others, which he ought eminently to possess, ere even he enter the sanctuary, is *probity*. 'Tis well if he be master of the art of observing; but that is a vocation to which one must be as much born, as to that of a poet or painter. Biassed by fashionable theories, ofttimes promulgated by men lacking that moral quality we have mentioned, he is too apt to see just what he wants to see, to find those changes which preconceived notions have led him to expect to find; to connect the lesion with the symptom, as cause and effect, without the employment of that cautious deduction, that rigorous impartiality, that stern logic which alone enables a proposition to pass muster in other sciences; and finally, to attach too great a value to medical statistics, which, though very useful in determining the relative frequency of disease at different ages and in different sexes, its relations to change of season, &c. sometimes leads to results whose value may safely be represented by a round 0; at others, exercises a most pernicious influence on the practice of medicine. Having thus skillfully steered clear of these difficulties, and collected a number of facts that are facts, he proceeds to class them in homogeneous groups or families, and finally, to reason on them, to draw conclusions, to frame a theory; and now, what new difficulties beset him? His sympathies are all enlisted in favor of the new born bantling of his brain, whose image ever present, first obscures, then hides from view, all probabilities the other way, until he finally believes that which at first he only wished to be true; for the mind is subject to illusions, just as the sense of sight, mature reflection correcting the false reasonings of the one, as touch corrects the false impressions of the other. But should he pass the ordeal unscathed, and from the decomposing ruins of mortality, dig out such truths as some of those on which we have touched in these desultory remarks, he has emphatically accomplished the object of life, *he has not lived in vain.*

ART. II.—*Case of Labor.—Chloroform.* By E. C. BIDWELL, M. D.

In March, 1848, Mrs. M., the subject of the following case, arrived at the term of her first pregnancy. The practitioner who then attended her — whom I conclude to be one of that class of quacks *in* the profession, who do more to injure its character and standing, than twice the number of quacks of whatever name *out* at it—after the labor had been some twenty-four hours in progress, with no untoward or unusual symptom, so far as the woman or her friends ever knew—suddenly discovered and announced that natural delivery was impossible, and proceeded immediately to perform cephalotomy, to the great injury, as well as disappointment, of the mother expectant; after which he left her with the comforting assurance that she never could bear a living child at full term.

It is also worthy of note, that just a week previous to the occurrence of the present case, she experienced a fall from a slip of the foot, by which she was much injured. She was treated with venesection, &c., at the time, but had scarcely recovered from its effects when labor came on.

September 19th, 1849. At 3 o'clock, A. M., she awoke in pain, accompanied by the immediate discharge of a portion of the "uratus." Slight pains, each expelling more of the *liquor amnii*, continued at intervals, till the latter seemed to be exhausted. In the afternoon, the pains became somewhat more severe. On examination *per vaginam*, the *os uteri* was found dilated and soft; the head presenting at the superior strait, in the second position, (of Dewees.) On the occurrence of a pain, the head was felt to recede at first, the abdomen becoming full, prominent and tense, and it was only for a moment just at the close of each pain that the protuding part was pressed down with proper force and in the proper direction. This induced the suspicion of that peculiar state, characterized by the contraction of the circular fibres of the uterus around the neck of the fœtus, sometimes called "hour-glass contraction." But as it was apparent, from occasional examinations, that progress was made, she was left without interference till about midnight, some twenty hours or more after the commencement of labor, when that progress seemed to be arrested, and the pains less efficient. The pulse, &c., indicating the abstraction of blood, sixteen ounces were taken away, with the effect of producing considerable faintness, but not complete syncope. It is possible that, had the depletion been carried further, the effect would have been better; but, as it was, no immediate change was perceptible in the character of the pains.

An hour or two afterwards the normal intermission between the pains disappeared entirely, and for near half an hour there was a constant pain, not very severe, and not at all propulsive. It was now, I suppose, a proper case for instrumental aid; and had forceps been at hand, I should have employed them. In their absence some other expedient was necessary.

Knowing that chloroform sometimes suspended the uterine contractions for a brief period at the commencement of its operation, allowing them afterwards to be resumed, and to go on uninterruptedly, though its full anæsthetic influence was maintained, it occurred to me that it might have that effect in this case, and that when the contractions were renewed, it might be in a more regular and efficient manner. With this hope, and calculating that, if it failed, she would at least gain a few minutes for rest, and I for reflection, I commenced administering chloroform in the usual way. An unusual quantity—near half an ounce, was required to bring her fully under its influence; but when that point was obtained I was gratified to find my expectation of uterine relaxation completely realized. This state continued fifteen or twenty minutes, during which the inhalation was continued at intervals, sufficient to keep up the anæsthesia. Before the effects of the chloroform were dissipated, the pains were renewed, intermittingly, normally and efficiently. At 5 o'clock, having been twenty-six hours in labor, and one and a half from the first inhalation of chloroform, she was safely delivered of a large male child, weighing eleven pounds and a quarter "dressed."

Having occasion to introduce my hand for the extraction of the placenta, which was obtained, I had a manual demonstration of the nature of the difficulty, and found my diagnosis correct. The circular fibres of the middle portion of the uterus were closely contracted around the cord, firmly holding the mass of the placenta beyond.

This was evidently the only difficulty in the case, and it was not the one, if there were any, that occurred on the previous occasion, already refered to. There was no abnormal diminution of the pelvic cavity, or its outlet.

The action of chloroform in this case, gives it, with me, a new value in obstetrical practice, and raises it in my estimation to a higher rank than that of a mere assuager of pain, to that of an actual promoter of the process. I know of no other means, at the same time so pleasant and harmless, from which to expect, in the accident in question such prompt and efficient assistance.

KEENE, Ohio, September, 1849.

ART. III.—*Typhoid and Bilious Fevers.* By THERON NICHOLS, M. D.

In the Transactions of the Medico Chirurgical Society of Cincinnati, for March, 1849, a very learned member of that society is reported to have said that "no patient if salivated will ever die of Typhoid Fever." Before making this remark there seems to have been some discussion concerning the nature of *Typhous* and *Typhoid* fevers, and no distinct pathological difference pointed out, or any mark by which they were to be designated from the low forms of Bilious fevers, which prevail more or less, in the vicinity of all miasmatic localities.—In this section, as far as I am aware, most physicians are inclined to call all fevers Typhoid which assume a low type, regarding them as essentially similar in their pathology.

The Bilious fevers which have prevailed so extensively in this section for the last three or four years, especially on the Rivers, frequently assume this *low type*, dependent upon the general influence which miasmatic causes have upon the nervous system, as evidenced by the various forms of neuralgia which prevail, in these localities; yet the disease is over when the secreting organs, especially those of the liver and digestion are seriously implicated, and that too in its very onset.

That class of symptoms which arises from the derangement of these functions, is among the very first noticed, and is generally the most obstinate during its progress, requiring more especial attention than any other. Great tenderness not unfrequently occurs over the hepatic and gastric regions and enlargement of the liver, with a tumified condition of the abdomen are among its common symptoms. The discharges from the bowels become exceedingly deranged, and a substance not unlike "Black Vomit," is frequently thrown off from the stomach and bowels, especially in grave cases. In a great majority of these cases of any severity, the nervous system is seriously affected. Subsultus tendinum being present with wandering delirium, or that condition approaching to coma.

The dissections which have come under my observation, reveal, materially, the following facts: That the liver is gorged with black blood—the mucous membranes of the large intestines often show evident marks of extensive inflammation, and are not unfrequently loaded with this substance similar to black vomit.

Very generally the lips and teeth become loaded with sordes, and occasionally copious dejections of pure blood occur just previous to death.

In this form of disease, dissection reveals what would be readily inferred before death, *that its immediate effective cause is the derangement of the important secretions.*

That a moderate use of mercurials under these circumstances would be useful, it is believed, universal experience has fully taught, though, to what extent *Ptyalism* is necessary, is somewhat questionable. If it be a disease of secretion, then ought it to be treated as such, precisely as if the term *fever* had never been applied to it, of course, notwithstanding tonics and stimulants, when symptoms indicating their use arise.

There is another form of fever which prevails at interrupted periods, to a considerable extent upon the highlands between this and Lake Erie, which has also borne the name of Typhoid fever, having many symptoms in common with the disease last mentioned, but differing from it materially in its pathological characteristics as revealed by dissection.

I will extract from my Note Book, as a convenient method of giving the post mortem appearances as I have noticed them. The liver appeared of a natural size, the veins containing a small quantity of blood of a fluid semi-dissolved character, otherwise, appeared healthy—stomach and large intestines appeared natural, but the latter contained a thick yellowish fluid similar to what had been discharged before death.

Small Intestines—show strong evidences of previous inflammation; the mucous membrane of a reddish vascular appearance; the misenteric glands have evidently been involved, several of them softened and some ulcerated; the vessels of the mesentery enlarged, appearing very obviously.

There is one peculiarity connected with the form of fever under consideration, and that is the persistence of the diarrhœa, which is almost sure to set in as early as the seventh day, and often earlier, alike uninfluenced by calomel and opium either conjointly or separately, and often uncontrolled by any remedial agency. The discharges in some thirty cases which I saw two years since, were thin and of a color similar to that caused by the use of Rhubarb, the cases appearing in every essential like the one in which the above post-mortem was made, with the exception that none of them were fatal.

By comparing the autopsical appearances of the two forms of fever, the one showing cause of death in *the larger secreting organs* or accidental local inflammation, and the other in the *small intestines, mesentery and its glands*, there seems to be very obvious grounds for a distinction in their classification.

Now the use of mercury to any considerable extent in the latter form of disease, or true Typhoid fever, farther than to relieve any accidental derangement of the secretions that may arise during its progress, especially to carry it to *ptyalism* is to say the least very questionable, judging from the experience which we have had in this section for the last few years.

As all important as it may be in any disease, to fully recognize its pathological character, in none does it seem more so than in the two forms of fever under consideration.

While the one will require the steady use of mercurials until the secretions are established, in the other, depending upon inflammation of some of the smaller glands, and those glands easily irritated under mercurial action, it is a just cause of doubt, whether we should resort to it, save for temporary purposes, to relieve such accidental complications as may arise during its course.

The above is not presented as a history of these fevers, but merely to note some points of variance in their pathology, from which practical deductions may be drawn, which will assist in some degree to point out a rational mode of treatment.

October, 1849. THERON NICHOLS.

ART. IV.—*On Malaria.* By J. R. BLACK, M. D.

[Continued from Vol. II. No. I.]

Dr. Ferray remarks on Temperature and humidity, "That although the essential cause of malaria may remain forever involved in obscurity, yet the important agency of heat and moisture in its causation, as shown in the statistics of our troops, in the fact, that the autumnal ratio of intermittents and remittents is five fold greater in our southern than northern latitudes, and that a contrast equally great is exhibited between the first and third quarters of the year, is satisfactorily demonstrated." A little farther as he remarks, "that the law of the sickly season, coinciding with the time when the greatest heat and moisture are combined, is afforded in the fact, that portions north and south of the equator, in consequence of the seasons being reversed, become most insalubrious at periods precisely opposite," and in the operation of these agents "this striking peculiarity obtains, that heat acts in proportion to its intensity, whilst an excess of moisture is no less inimical to the generation of malaria then its deficiency."—Amer. Jour. Med. Scien.

Heat may be intense without being injurious—the danger is not in the rise, but in the sudden fall. It stimulates the organic, and acts as a sedative on the animal functions of the body. This stimulant influence seldom reaches a truly morbid state, it may amount in those not habituated to a high temperature, to a trifling eruption, or even in some rare instances to sudden death, as in Coup de Soleil. But with these exceptions there are no diseases, attributed by the savans in medicine, to a uniform heat. It is true that many refer hepatic

diseases to this source; but even these may be shown to proceed from irregularities of temperature. The liver performs its function naturally whenever a due amount of healthy stimulus is supplied by the blood; let this be excessive, defective or depraved, and disease will speedily ensue. It co-operates with the lungs in ejecting a large proportion of effete carbon from the blood. It is most active in Summer. The lungs in winter, in consequence of the diminution of oxygen, inspired when the air is rarified by heat, and the increased amount when condensed by cold. This intermission in activity of function, is undoubtedly a prolific source of disease, and there is every reason to believe that if this activity was continued in place of intermittent, disease of this organ would be as rare in tropical as in temperate climates.

Of all the vital stimulants, heat is the most potent and essential. Vegetable and animal life are intimately dependent on it, and the growth and increase of each is generally in proportion to its elevation. Its sudden absence from vegetable life, causes speedy dissolution or a cessation of all the signs of life, not unlike animal hybernation. When suddenly abstracted from the human system, death is not unfrequently the result. The important influence of external temperature in the production of this effect, is demonstrated in the fact that all over the world, at whatsoever season or situation, the temperature of the body is really or quite the same. Yet the draughts of water at the same temperature will produce in the reverse of the seasons, opposite results—in Summer, death may ensue, while in the Winter, a pleasing glow of heat prevails the whole system. The higher the thermal range, the more danger is there of mischievous results. Let one draught of water be taken at 51° while the air is 100°, and another at 32°, while the air is at 82°, and the former will prove infinitily more dangerous than the latter. It is also observed that, changes of temperature are felt more acutely in tropical than in temperate countries. The greater the extreme, the more sensitive is the body to the slightest change.

Its change from cold to hot, is not so injurious as vice versa. The stimulant influence on the organic and the concomitant depression of the animal functions induces a degree of torpitude and oppression not incompatible with health; but where an abstraction of the stimulus occurs and action is retarded instead of exalted health is quickly undermined—a thing quite conformable with the action of all natural or vital stimulants.

Although alcohol is far from being a vital stimulant, it is, nevertheless, found that its immediate action develops no positive disease; but that its sudden withdrawal after profuse in-

dulgence, is succeeded by a state of proximate danger to life. What effect then might we not anticipate from the abstraction of the most powerful of all natural stimulants, when the denial of an artificial one can induce such fatal consequences. Might it not be rationally expected, that the sudden transitions of temperature in southern climes, can account for a large proportion of endemical diseases—of diseases that show in rapidity and depression of the powers of life, a perfect accordance with the amount and intensity of the cause. In warm climates, the temperature often falls 10° 20° or even, according to Dr. Johnson, 70° in the course of a single night. This occurs most frequently during the Spring and Autumnal months, on humid soils, clear nights, and unsheltered parts. The system is, in a great measure, rendered insensible to these rapid diurnal changes by the intervention of other circumstances. The air being loaded with humidity, has the same influence on the sensible and insensible perspiration as on the evaporation from a surface of water. This suspension of exhalation from the body atones for the abstraction of caloric on the same principle that is illustrated by Dr. Farray, in the following words: "Although the temperature may be 20° or 30° higher here than in England during the heats of Summer, yet we suffer but little more from its effects, for the air of the latter country, is more loaded with humidity, causing a diminuition of temperature—a langour and listlessness with an indisposition to corporeal and mental exertion." Persons of a feeble habit are wont to complain after rain, of the heavy damp air, whereas the barometer indicates a lighter and more elastic state then before its saturation was effected. A kind of incipient febrile state is thus induced, which prevents any uncomfortable feelings from the abstraction of caloric by the damp and really cold air.

A curious and instructive experiment is recorded of M. Brachet by Dr. Watson, who several nights in succession, bathed in the river Saone, on the sixth hour succeeding, he had all the phenomena of a regular ague fit. The great danger in tropical regions, of seamen passing the night on shore, arises from the operation of similar circumstances, it is always enhanced by proximity to the earth, and when the unwary mariner yields to the temptation of making the earth his bed, death is his usual doom.

Our theory then amounts simply to this, that whenever cirstances are favorable to great animal changes, there will be such an abstraction of caloric and electricity from the body, as to cause all the different forms of malarious diseases. The

higher the stimulation by heat, the more profound and intense will be the subsequent reaction. Those countries subject to the highest temperature, are liable to the greatest animal changes. No circumstance governs this range of temperature more than the aridity or humidity of the earth; if this be arid, the ambient air as a natural consequence, will also be arid.

"The Province of Carcuma," says Humboldt, "the coast of Cora and the plains of Coreaceas, prove that excessive heat *alone* is not unfavorable to human life." To make it so, requires moisture on any soil whether it be on the elevated rocks of Gibraltar, or on the rich fertile plains of Africa, whether on the barren and sandy portions of Florida—(Porter, Amer. Jour. Med. Scien., Oct. '47), or on the dark prolific soil of the west, all are equally productive under a high temperature and a plentitude of humidity. The great abundance of the latter on newly cleared lands, accounts for its extreme unhealthiness. The agriculturist well knows that in seasons unusually arid, his crops will suffer less in new than in old land. The steeping of flax by accumulating moisture, frequently causes malarious effects in parts previously strangers to it, if the slight decomposition here going on be capable of eliminating the peculiar poison malaria, surely chemists can not yet despair of detecting the mysterious agent.

With these considerations in view, it is easy to see how the laws of malaria previously referred to, are effected—why it has been observed to be most dangerous at night, to love the ground, to be moveable by the wind, attracted by trees, lessened by cultivation of the soil, and loose its properties by passing over a surface of water.

But on the specific poison theory, it is not easy to perceive, how even, the first can be sustained by any course of reasoning, for it is a cardinal point in the theory, that the sun's rays are essential to the development and evolution of the poison, because on the rice grounds and in forests they are intercepted, and malarious diseases there are comparatively rare.

The majority of believers in the theory, are of the opinion that the emanation is gaseous or aerform, and that it becomes concentrated in the course of the night. The law of the diffusion of gases into each other in opposition to their specific gravity stands against the admission of such a tenet, as the concentration or coming together of the separated molecules of a gaseous substance. Gases diffuse into each other equally in all directions, and not only that, but the usual circulation of the air as it becomes rarefied must carry off in the course of the day nearly all the malaria evolved from the earth. To suppose that it ascends or returns to certain localities, is to

suppose an entity endowed with motions, analogous to the distinctive.

But there is yet another reason why the poison theory may well be called in question, viz: that all poisons, whether solid, liquid or aeriform, produce in the healthy organism, similar effects. Carbonate of lime, alcohol and carbonic acid bring on in all, nearly or quite the *same* effects, and in the operation of palpable contagion, cases of immunity from action, are quiteas rare. But as to the operation of the peculiar poison malaria, only a limited number of those exposed are attacked, and the negro enjoys in this latitude at least a remarkable exemption from intermittent fever. May this not arise from the superior radiating power of their dark surfaces, which enables them to resist the stimulant influence of heat.

In conclusion we would state that it is our conviction, that in the investigation of the causes of disease, there is too much tendency to look outwardly for the germ, and too little disposition to look to the workings of the system in bringing on disease, and the influence of causes, few and simple.

Brownsville, Oct., 1849.

Art. V.—*Treatment of Scarlatina.* By R. K. Scott, M. D.

Allow me, through the medium of your valuable Journal, to submit to the profession a few practical remarks relative to the treatment of Scarlet Fever. According to the general, and doubtless the correct opinion respecting the etiology of the disease, it is caused by a morbid poison, introduced into the circulation mainly through the medium of the pulmonary mucous membrane, contaminating the blood, and setting up a series of actions which result in the well-known phenomena of Scarlatina. This, I say, is the prevailing opinion as to the cause of the disease, and its *modus operandi.* But connected with this, is another sentiment equally common, but in my humble judgment, not equally correct:—which is, that the disease has a certain and definite course to run, and cannot be hastened or cut short by any therapeutical means. Now, if my experience has not greatly misled me, I think I am justified in coming to an opposite conclusion; and it is to this point that I wish to invite attention. We know that contamination of the blood by bile and urea, can be removed as soon as the organs whose office it is to eliminate these substances, resume their healthy action. I have long been impressed with the idea that the poison of Scarlatina might be hastened in its exit from the system by an appropriate plan of treatment, adopted in the early stages, while the disease is exclusively

confined to the blood. In pursuance of this idea, I have long pursued a plan of treatment somewhat peculiar, and have rarely failed of success when called to the patient within the first 36 hours. I have met the disease in all its varieties, maligna, anginosa and simplex, and in all pursued the same plan.

In cases where there are any indications of congestion of the brain, I prescribe a full dose of calomel, followed within 4 to 6 hours by a dose of castor oil, to which I add from 5 to 20 drops (according to the age of the patient) of spts. turpentine. I then prepare a vapor bath, into which, immediately after the first action of the bowels, I place my patient, directing the vapor to be gently but steadily applied. Under the influence of these means I have uniformly found the capillary system to resume a healthy action, and profuse perspiration to take place in a very few minutes. My usual manner of preparing the bath is to have a vessel partly filled with hot water, a few heated bricks, to add as the water cools, a piece of open canvass to cover the mouth of the vessel over which the patient is to be seated, and the whole embraced in a blanket, to confine the vapor. In all cases, however, the *head* should be kept bare and cool, and the feet placed in a bucket of hot water, if the patient is of sufficient age to allow it. While in this condition, if there is much irritation of the throat, I prescribe a mixture of bitartrate of potash and acetate of lead. By this means, in many cases where the powers of deglutition and respiration were exceedingly embarrassed, I have enabled the patient to drink freely, and breathe easily in 15 minutes, and to take medicines which were previously rejected from entire inability to swallow. It acted locally as a gargle, and in a short time allayed the inflammation. At the expiration of the next 24 hours I prescribe a dose of pil. hydrarg., and work it off with oil and turpentine. I then continue small doses of the bitartrate till convalescence is established.

When the inflammation of the throat proves obstinate, I prepare a linament that has an admirable effect, as an external application to the part, of which the following is the formula:

℞	Spts. Vin., rect.	℥j.
	Aqua. Ammon.	℥j.
	Spts. Turpt'n.	"
	Camphor	℥j.
	Tinct. Opii.	"

In addition to these remedies, I prescribe spts. nit. dulc., throughout the complaint, and think it quite an important article in such cases. If I do not see the cases till after the ap-

pearance of the eruption, I dispense with the vapor bath, and then my treatment merges very nearly into that commonly pursued.

I know of no means employed in the treatment of this frightful disease, so effectual as those I have here indicated.—Having pursued the plan for some years, I am firmly persuaded that if adopted early, it is capable of conducting the disease to an earlier and happier issue than that obtained by the common mode of treatment.

ART. VI.—*Trial for Mal-Practice in Surgery.* Reported by S. P. HILDRETH, M. D., of Marietta, O.

This suit was brought at the March term of the Court of Common Pleas, Washington County, 1848, by W. H. Barkley, plaintiff, and Dr. G. N. G. of Belpre, defendant—but was not tried until the October term, 1849.

The charges in the Declaration set forth as follows, omitting the usual long preamble:

1st.—That the plaintiff was suffering from an oblique fracture of the thigh bone, and "that the defendant did not properly adjust and put together the broken ends of said bone, or place them in coaptation, and did not for that purpose direct or cause proper force to be applied to said leg, by way of extension and counter extension."

2d.—"That he (the defendant) did not then and there, nor would he extend, draw out, or lengthen the said leg, or cause the same to be extended, drawn out, or lengthened to the proper or necessary length; or so as to make the same as long as the other leg of the plaintiff, nor did he for that purpose measure the said leg, which the defendant, if he had used due and proper care, diligence and skill, ought to have done.

3d.—"That the defendant did not properly bandage and dress the said broken bone and leg of the plaintiff, so that sufficient extension and counter extension to keep the bone in coaptation, and to keep the bone of the leg of the plaintiff straight, was not kept up, which, if the defendant had used proper care, diligence and skill, ought to have been done."

4th.—That the defendant loosened the bandages and dressings of said leg, whereby the ends of the said bone passed by and over-lapped each other; and neglected to again extend the leg and place, or put the ends of said broken bone in coaptation, or causing the same to be done"; by reason of which which premises, it is alleged that the leg of the plaintiff is so much shortened, and so useless; that he cannot carry on his occupation of farming, thus damaging the plaintiff to the amount of five thousand dollars.

The following evidences were introduced on the part of the plaintiff. It seems that the accident took place on the 12th of April, 1847, and was occasioned by his jumping from a wagon whilst the horses were running at full speed.

D. Campbell testified that he went for Dr. G., who lives about four miles from the plaintiff, and arrived within three hours after the accident; was present when the Doctor set and dressed the leg; extension was made by Mr. Burrows pulling at the knee, the fracture being above the middle of the thigh; he used a bandage and four splints, two of which were shorter than the others; when dressed the leg was laid on a frame, or double inclined plane.

L. O'Neil testified as to the splints, bandages and inclined plane, but says no counter extension was used, nor did the Doctor measure the broken limb to compare its length with the other.

J. Nelson testifies that Mr. Lewis told the Doctor that the leg ought to be pulled and measured until of the length of the other, and confined so as to keep it of that length. The Doctor observed, he thought it was about right, or words to that effect.

Josiah Burrows' deposition was read. Says he was present at the setting and dressing of the fractured leg; that he made the extension by pulling at the knee joint while the Doctor put the broken ends in place by pressure with his hands on the thigh; that no counter extension was used by any one pulling or steadying the body of the plaintiff, as it was not thought necessary; after the leg was dressed, it was laid on the inclined plane.

Dr. Williamson's deposition was then read. He lived, at the time of the accident, at Parkersburg, Va.; when the deposition was taken in June, 1849, he resided at Sistersville, Tyler county, Va., and the deposition is the result of certain questions asked by the plaintiff's counsel. The substance is as follows: "That he saw the plaintiff six or eight weeks after the accident, when Dr. G. had ceased attending him; that the bone was crooked and four or five inches shorter than the other; that the apparatus used was now thrown aside by surgeons, and that of Desault, or the one with Physic's modification, employed, being the long splint; that he had been in practice twenty-one years, and never saw the double inclined plane as used by Dr. G. applied to broken bones; that the bone did not look as if it had ever been set, and that there was no need of shortened limbs in oblique fractures of the thigh, and must be the result of bad management and want of care in the surgeon; that the apparatus used was too wide

to keep the limb steady, and could not retain the broken bone in place."

Samuel Barkley—the father of the plaintiff—testified: was present when the fractured limb was dressed, and attended on him a part of the time as his nurse, being engaged by the day on the farm. The patient lay on a straw bed, with his leg placed on the double inclined plane, but that there was no cushion or padding on the sides of the leg to keep it from rolling; was present when the Doctor dressed the fracture on the 8th or 9th day; the thigh was then quite crooked and shortened; the Doctor straightened the bone by pressing with one hand on the curve and the other on the knee joint until it was straight; but after it was dressed the crook still remained; he thought the hips were too high and leg not supported by the angle of the box as it ought to have been; it was kept in the box seven or eight weeks, and he followed the Doctor's directions in the treatment of the patient; four splints, an inch or two wide, used at first, but after a while only three used; the Doctor visited him once a week, sometimes oftener; the plaintiff's leg is so shortened that he cannot work on the farm, and has turned his attention to making grindstones.

Mrs. Barkley—the mother of the plaintiff—testified that for a few days after the first dressing she did not notice any shortening; but in ten or twelve days she observed it crooked and shortened, which the Doctor acknowledged, but said it was doing as well as could be expected.

Stephen Deruse testified that he made the box or apparatus for the leg, after Dr. G.'s directions; but did not measure the limb in reference to its fitting in length.

N. B.—The double inclined plane was brought into Court and exhibited to the Jury. It had a foot board, but lacked the usual horizontal or base board, on which the inclined planes rest. In place of pins on the sides, as directed by Sir Charles Bell and Astley Cooper, it had strips of board, five inches wide, to keep the cushions and leg in place, which fulfill the intention just as well. The want of the horizontal base board was all the fault that could be alleged against its construction.

TESTIMONY OF WITNESSES SUMMONED BY DEFENDANT.

Dr. Vickers said that he was attending a patient in the family of Mr. Barkley, at the time of the accident, and came in just as Dr. G. had finished the dressings; says he does not practice surgery, but saw nothing wrong in the appearance of the limb, but was told it was an oblique fracture; was at the house every two or three days during the progress of the case; about the third week was present at one of the dress-

ings, and noticed the crooked appearance of the leg; Dr. G. thought it arose from the swelling, and would disappear as that abated. He has since examined the limb, and thinks it three or four inches too short.

Dr. S. P. Hildreth was requested to state his opinion as to the mode of treatment by Dr. G. in this case. He said he had used the double inclined plane, as described and recommended by Sir Charles Bell and Sir Astley Cooper, in fractures of the os femoris, in quite a number of cases, and with uniform success, preferring it to the long splint, which he had also tried, as being more comfortable to the patient. The muscles of the hips, thigh and leg are in a relaxed state, and require but little force to keep the fractured end of the bone in place. It is true that constant vigilance is required in the surgeon at his visits, to see that the body and injured limb are kept in the right position, more especially at the period when the fracture is uniting, and the ossiffic matter soft and plastic. He measured the sound leg of the plaintiff and the posterior plane of the apparatus, and found it of the right length; the only fault was the lack of the base board; but this would not be a serious objection, if due attention was paid to the patient by the nurses—and yet with all the care of the surgeon, in oblique fractures of the thigh, few cures were effected without some deformity and shortening of the limb. The constant restlessness of the patient and the unceasing action of the muscles, tended to produce a slipping past of the oblique ends of the bone, notwithstanding the appliances of the best apparatus, and the daily attention of the best surgeons in the hospitals, and a shortened limb was not an uncommon occurrence in subjects dismissed from their wards; how much less then ought to be demanded from country practitioners, who may see a fracture of the thigh perhaps once in three or four years, and are provided with none of these articles, but have to make and arrange their dressings in the best manner they can, from the rude means within their reach.

Dr. F. Reguier, of Harmar, said that Sir Charles Bell stood at the head of the profession, at a time when operations in surgery were as abundant as at any period of history, and that he had recommended the double inclined plane. As for himself he had used both this method and Desault's long splints in his practice, and thinks there is little difference in the two modes, if proper attention is given during the cure; Is acquainted with a case in the hands of another surgeon, who used the long splints, and there was a very considerable shortening of the limb. He thinks the greatest obstacles to success arise from the restlessness of the patient and the carelessness of the nurses.

Mrs. Hollaster testified that she heard the father of the plaintiff say, some months after the accident, that his son would be a cripple for life; but that he did not blame the Doctor for it, but the restless and unquiet motions of the patient.

Salathiel Starling testified that he helped Dr. G. in reducing the fracture; assisted in putting the limb on the double inclined plane, which was fitted with padding and cushions to keep it in place, and with a foot board to prevent the foot from rolling from side to side; that the Doctor seemed anxious to get the bone properly adjusted, and to have the dressings such as would conduce to the cure; saw the patient twice, during his confinement, who said, in answer to his enquiries, that he was doing well.

R. M. Howe testified that in the summer after the accident, he one day met the father of the plaintiff in the road, who, in answer to his enquiries about his son, said he had been getting along very well; but had left his bed too soon, and recently had slipped as he was coming into the house on his crutches, which had hurt him very much—causing his ancle to swell, and he feared had injured the fractured bone.

Miss Betsy Oram testified that she was living with the plaintiff at the time he was confined with the fracture; that he used to move about a good deal in the bed, being restless and uneasy with the long confinement; saw him slip one day as he came into the door, but did not fall down, as he caught hold of the door frame with his hands; that he afterwards complained of pain in the broken bone, and his ancle was swollen.

The following evidences were called by the plaintiff, to prove the inadequacy of the apparatus used by Dr. G.

Dr. Shubal Fuller testified that in his practice he made use of Physic's long splints, which keep the limb straight and muscles extended—continued for six or eight weeks, or until the bones are ossified; had no shortening in two cases under his care; that the muscles of the thigh are strong and powerful, retracting the fractured portions very much.

Dr. Hugh Trevor said he used Desault's splint, successfully; that owing to the contractile force of the muscles, it is very difficult to prevent shortening under any treatment; one of the greatest hindrances is the restless and uneasy state of the patient, loosening the bandages, &c.; thinks the inclined plane the easiest for the subject, but requires more care in the surgeon, while with the other it cannot well get out of place without loosening the extension bands.

The examination of the witnesses, about twenty in number, occupied the Court nearly a whole day, and awakened a

deep interest in the audience, this being the first suit of the kind ever brought in Washington county. The counsel on the part of the prosecution were Messrs. Welsh and Rhodes; for the defendant Messrs. Goddard and Nash. Their arguments to the Jury were acute, elaborate, and sometimes eloquent, extending through one whole day and part of another. A brief abstract only will be given of them, to show the bearing of the common law on a subject which is yearly brought more and more before the public.

Mr. Rhodes said the Jury had to decide on two points, the evidence of mal-practice and the amount of damage.

To prove the first, argues the use of an improper apparatus, poorly constructed, and not Sir Chas. Bell's inclined plane, but Dr. G.'s inclined plane. A man who professes the practice of any trade or profession, must use not only the best tools, but in the best manner, whether carpenter or surgeon. Dr. G. did not do this. Bell used his apparatus because it relaxed the muscles—but it did not do this perfectly. The extension was kept up by the weight of the leg, but counter extension cannot be steadily maintained by the weight of the hips and body, by reason of the movements of the patient, which he cannot resist—condemns the apparatus exhibited, from its lacking the horizontal board and cross pieces to keep it steady—read to the Jury copious extracts from the surgical works of Bell, Dorsey and Gross—as the plaintiff was disabled from earning a living by labor on a farm, he claimed an award from the Jury, the interest of which should be adequate to the support of an ordinary family—or the sum of $5,000, the interest on which would be three hundred.

Mr. Nash, for the defendent, in answer to the first count, in the Declaration, "that sufficient extension was not made with counter-extension, to reduce the fracture at first," argued that but little force is necessary for such purpose; and that from the evidence it appeared that Dr. G. had done all that the case required, and was not *grossly neglectful* in any part of his duty, and also that it was two weeks before any shortening of the limb was noticed, by the nurses or surgeon, and that the two first charges are disproved. The third count affirms that a proper dressing was not used. He argued that the *bandage was* a proper one, being the many tailed; the *splints* were proper, as no objection was raised against them by the surgeons called in evidence, and is proof in law, that the accused had done his duty in this respect; as to the *apparatus* for keeping the fractured limb quiet, there are two modes in use, the *flexed* position, and the *extended*. It is admitted by the plaintiff's counsel that either plan will answer if properly carried out by the surgeon;

as to the bed, straw was used, for the reason that hair mattrasses are not to be had in country practice; and it is therefore proved by the witnesses, the Dr. *did do* all that the case required in the first dressing. As to the fourth count, that Dr. G. at the second dressing, the eighth day "did not properly re-apply the bandage and dressings, by which neglect the bones slipped by each other and shortened the leg;" this charge is not proved by the witnesses; argument: the limb is evidently shortened, how was it done? the Declaration says at the second dressing; but of this there is no proof; and its shortening afterwards is not charged in the Declaration, and not to be noticed by the Jury; how it became shortened is not proved; but the inference is that it was done by the restlessness of the patient, and carelessness of the nurses; while the secretion of the bony matter between the oblique ends of the fracture, as it was gradually enlarged from day to day, pushed them farther apart, and gave it the present curved aspect.

Mr. Goddard, for the defendant, said he had assisted in trying many such cases, and finds them very difficult to do justice to, on account of the prejudices of the community. There is a great deal of quackery encouraged by the people of the U. S., and the large for unes made by the sale of the greatest quack medicines, show the deplorable ignorance of the mass of mankind. The profession of medicine is highly respectable, but not a desirable one, from the many unpleasant things attending its practice; for mal-practice, physicians are liable to actions for damages, by their patients. Lawyers are also liable to actions for mal-practice, but are not often sued for it. Because surgeons make perfect cures in Hospitals, it is no evidence that they should do so in country practice; all that can be required of them is diligence and ordinary care. This case is a simple fracture of the thigh, not a compound one, but a simple oblique fracture. This form, the surgeons, in their evidence all agree, is very difficult to cure without some deformity, and so is also asserted by Gibson, one of the best evidences on this subject. Nearly all the witnessess for the plaintiff are taken from his relatives and friends; while the physician has no one to give evidence for him, and therefore stands on unequal ground in all such actions. The case, in the progress of the trial has been altered from its original bearing, as set forth in the Declaration, the counsel giving up the allegation of improper apparatus. In the practicce of surgery, the profession are subject to great abuse, and injustice; so much so, that one eminent man, Dr. K., of Cleveland, has abandoned its pursuit.

Mr. Welsh, for the plaintiff, stated to the Jury, that the shortening of the limb in this case, was the fault of the surgeon;

but allowed that he is presumed to have done his duty, yet as there is deformity, it must be attributed to him, and not to the nurses, as they were under the surgeon's directions, and he should have examined the limb at each dressing. From the evidence it appears that they did follow his directions. The patient has a right to be restless, and must be so from the contraction of the muscles, of which the surgeon has no right to take advantage. Referred to Gross's opinion in such cases, that where shortening took place, it was owing to the carelessness of the surgeon, or the use of improper apparatus, and need not to be so, in these days, with the modern improvements; says there is fault somewhere and must inquire whose it was; also make the distinction between a wilful fault and one from ignorance. We say there was a want of attention in this case, on the part of the surgeon. His reputation was concerned in the result. The Jury should consider the circumstances, and see how much he was to blame in producing the present result, and not consider him clear, unless proved guilty by the witnesses, "when you see the ill results, in the great shortening and deformity in the poor man's limb." The fracture was simple and oblique: and not very difficult to manage. By keeping the limbs straight and of exact length, there would be no deformity; otherwise in uniting there would be a large callus. He is therefore grossly to blame in not attending more carefully to it, in the progress of the cure. The prop, or inclined plane, was not made with due care, and lacked the base board, used by Bell; the padding under the hips was not nicely adjusted, and therefore rendered it useless. It was not properly reduced or set, at first, nor watched carefully during the cure; and therefore the Jury were bound to bring in a verdict for heavy damages; in the assessment of which, he attempted to bring forward the *ability* of Dr. G. to pay a large sum, but was checked by the opposite counsel, as not having any bearing on the decision; and the objection was also confirmed by the presiding Judge.

Before retiring, the Hon. Arius Nye, charged the Jury as follows, which is preserved, as showing the common law and usage in these vexatious cases, as well as upon its lucid and clear statement of the case.

Mr. Nye said that the plaintiff in his Declaration, alledged, that having suffered the fracture of one of his thigh bones, he employed the defendant as a physician and surgeon, to set and cure it; that in four several counts of his Declaration, he charged the defendant with *particular* and *special defaults*, in the alledged want, or omission, of proper *skill* and *care* in conducting the cure, whereby he, the plaintiff, had suffered an injury

in the shortening and curvature of his leg, for which he claimed damages. Proceeded to state further to the Jury, the following rules and principles for their guidance and direction, namely, that the burthen of the proof lay upon the plaintiff; and that to support the action, or all or any of the counts of the Declaration, it was incumbent on the plaintiff to make out by affirmative evidence, on his part, the *specific* default or defaults alleged in the said count or counts; there being no count in the Declaration charging the defendant *generally*, with want of skill and care. That, to charge the defendant with the injury or misfortune, of which the plaintiff complained, it was incumbent upon him to show by evidence, that this was truly and specifically the result of the want of *skill* and *care* on the part of the defendant, and was not produced by *any other* cause or causes, for which the defendant was not and could not, properly be held responsible: and that, therefore, it was not sufficient, as had been intimated in argument, to show the employment of the defendant, to cure the fractured limb, and then throw upon him the burthen of disproving the allegations of the plaintiffs, as to the cause of injury specially complained of, a doctrine or rule, which would be perilous to every practitioner of medicine and surgery, and not supported by the *law*, which in this, as in other cases, cast upon the plaintiff the burthen of making out his own case, *affirmatively*, by evidence; and *such* evidence as proved the particular injury alledged to be the result of, and to have been *caused*, *solely*, by the absence of *due skill* and care on the part of the defendant. That the measure of skill and care demanded of the defendant, in this case, was the *ordinary* amount of skill and care possessed and exerted by *country practitioners*, of respectable standing and repute, generally; and not that which was possessed and applied by the most eminent surgeons in city and hospital practice; where opportunities and exercise of skill, in surgical cases were much more frequent and ample, and their attainments consequently higher, than those of country practitioners, ordinarily, and generally; whose opportunities of practice, and the acquisition of skill, by experience, especially in surgery, were much less frequent and more limited than those of very populous places, and surgeons employed in Hospitals. That it was not to be expected, and it would be unreasonable to demand, of *country practitioners* in this country the surgical skill possed by the most eminent men in that department of medical science, under the most favorable circumstances; such as those of our own large cities, or Sir Astly Cooper, Sir Charles Bell, or Pott, of England, or Desault, Dupuytren, or Baron Larrey, in France. That if the Jury should find by the evidence, that the particular injury, of which

the plaintiff complained, was caused by, and the result of, the want of *ordinary skill* and *care*, as before defined, he would be responsible, and they should, in that case, assess such damages, as they thought he had suffered; but if they should not *so* find—although they might not be able to determine the *cause* of that particular injury (which might be complicated) they should find for the defendant.

Verdict.

The Jury when they first retired, were much divided in their opinion, as to the just decision of the case. Four of them were for acquitting the defendant altogether, or giving mere nominal damages The others were for giving various amounts, some as high as the sum claimed; after several hours spent in discussion, one of the four joined the majority, in the opinion, that the plaintiff was entitled to damages, if this sum could be assessed at a moderate amount, the minority finally decided to agree in the verdict: otherwise they would persist in their opinion of acquittal, and thus render it necessary to go through with a new trial. They finally agreed to return the sum of two hundred dollars as the amount of damage, a sum which the majority of the Jury considered as in no way adequate to the injury suffered by the plaintiff, but sufficient to show that surgeons must exercise all their skill and diligence in the cure of their patients, or they will be liable to damages in a court of law; and, on the other hand, that they were not disposed to amerce exorbitantly, the practitioner, who was so unfortunate as to meet with an unlucky case in his practice, not atributable to wilful neglect, or want of diligence in the cure.

Marietta, 1*st November*, 1849.

PART SECOND.

AMERICAN INTELLIGENCE.

Art. I.—*Remarks on Lead-Poisoning.* By R. Jay Kittredge, M. D., of Cincinnati.

I am much induced to offer the Lancet a communication on Lead-Poisoning arising from the drinking of cistern water, drawn through lead pipes,

1st.—Because it has never been a subject of any research in any part of the western country; and

2d.—Because never having been much investigated, the medical public are too slow in recognising lead diseases.

No physician who has thoroughly studied the subject, who has analyzed the water of many cisterns containing water brought through lead pipes, can fail to come to the conclusion, that most waters will more or less corrode lead, and hold the salt in solution.

Lead-poisoning exists in every degree, from the most severe case, to that which is so slight that its deleterious effects have not been experienced; yet at the same time there may be evident marks of the poison latent in the system, and if the patient be watched, time will develop a disease, which these marks have indicated.

Neither has any physician long investigated this subject, but what he has seen colic, paralysis, encephalopathy, and death result from the drinking of water drawn through lead pipes. Within a few days I received a letter from the distinguished chemist, Samuel L. Dana, of Lowell, Massachusetts, he says "I am now engaged in analyzing the organs of the late Dr. Peirce, of Tingsboro, who died of lead disease, induced by drinking well water, drawn in lead pipe."

It is hard to convince people that they are being gradually poisoned, until they have felt the effects of the poison. But while we use lead as a conduit in this city, and when it requires no great chemical tact to detect quite a notable quantity of the metal dissolved in the waters of our cisterns, it would be unwise to say we are not continually using a slow poison. Many medical men tell me that they think the water here will not corrode lead, but I have found by experiment, the water used in this city, and the water of most of the country wells is eager to corrode this metal, and by the corrosion is formed on oxide or carbonate; then if lead pipe is corroded and worn out by having continually formed an oxide (PbO) or a carbonate (PbO. C O_2), what becomes of these salts of metal unless they are the whole time being washed into the cisterns; and it is by long continued and small doses that the system is sure to become poisoned.

Having investigated this subject for three years, and having seen the most frightful effects of "lead pipe water" upon the system, I feared in this city to use our own, until the lead pipe connected with the pump, was removed from the cistern, and iron substituted, still leaving lead pipe conducting the water from the street to the *top* of the cistern. The cistern being empty, I commenced filling it, and of course threw away the first few pailsful that had been standing in and run through the pipe. At the same time I tested the first three pailsful for lead; the quantity thrown down was enormous, certainly sufficient to taint the water of the cistern. Since that time, I

have analyzed the water of some twenty cisterns; in four I have found very alarming quantities, and from two precipitates I have obtained metallic lead.

If physicians in this city do not see many cases of lead poisoning, it is because, not suspecting lead, they too often confound the effect of this poison with other diseases. If lead colic exist and we cannot trace immediate contact with some salt of lead, we suppose it to arise from some other source. If a pain in the limbs, a weariness or weakness constituting lead arthralgy is experienced, it is called rheumatism. And if we find a weakness of the fingers and hand, a gloominess in mind &c., unless there is decided colic or paralysis, we are too apt to think that it is only a debilitated condition which the system happens, from some slight cause, to be laboring under.

The constitutional effects of lead are indicated by a purple or dark red, perhaps a bluish line, from the twelfth to the twentieth part of an inch in width, on the edge of the gums. It is almost an infallible sign that lead exists in the system, and yet too few medical men look carefully for this mark.

Being aware that "lead pipe water" endangers the system, are we in this city, and in other cities of the west, always to use a slow poison in our houses, or will the medical faculty be induced to fully investigate the subject, and take measures to remedy this evil? Many, convinced of their danger, have already commenced taking the lead pipe from their cisterns, connected with the pump, and are putting in its place common two inch gas pipe (iron). By so doing, and by catching and throwing away the first few pailsful that run through and have been standing in the lead pipe, bringing the water to the cistern, there is little danger that the whole water will become tainted. The cisterns of this city which have lead pipe connected with the pump, are trebly liable to have their waters impregnated: because, besides letting the water stand in the pipe coming from the street, and pouring it every five or six weeks, already impure, into the cistern, there is the pipe connected with the pump, reaching to the bottom of the cistern, and presenting two surfaces to the continual action of air and water.—*Western Lancet.*

ART. II.—*On a new Material and Process for making Minute Anatomical Injections.* By PAUL B. GODDARD, M. D.

Having received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtyl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were,

by far, finer than any which had been produced in this country. With the assistance of my friend Dr. Neill, demonstrator in the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of making such an injection, the anatomist must provide himself with a small and good syringe; some vermllion *very finely* ground in oil;* a glass stoppered bottle, and some sulphuric ether. The prepared vermillion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected, (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the *vein open.* Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow, gradual* and *moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether which will distill freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kindey is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-sceptic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam; but for membranous preparations, stomach, intestines, &c., the plan of mounting in a cell, filled with an anti-sceptic solution is preferable.—*Med. Examiner.*

ART. III.—*Therapeutic Effects of Tobacco, applied externally, for the Expulsion of Worms.* By JOHN D. TWIGGS, M. D., of Edgefield District, South Carolina.

Three series of experiments have been made, in order to test the vermifuge properties of tobacco placed over the abdomen. They have not proved so satisfactory as could have been desired.

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* That which I have used was obtained already prepared in tin tubes, at J. W. Williams', No. 37 North Sixth Street, who has obligingly assisted me to obtain the finest colors.

On perusing an Essay read before the Medical Society of Augusta, in 1839, I find this conclusion, viz: There are no pathognomonic signs that will determine the existence of worms in the alimentary canal. If this be the case, as the frequent administration of anthelmintics to children, where worms do not exist, and even where they do, their continued use would in all probability prove pernicious to the child; it would certainly be a great desideratum to practitioner and patient if some substance could be applied externally which would effect the expulsion of these noxious parasites: both would be benefitted by its use; for the first could avoid giving a medicince the effects of which might make a lasting impression on the system of his patient; and the latter would escape swallowing oft-repeated doses of most nauseating drugs. If the external application of tobacco be a substitute, the effects being equal, the remedy would at least be more agreeable.

I have made the following experiments:

First Series.—*Five negro children, from* 5 *to* 8 *years old.*

Case 1st. Strong pressed bar tobacco, steeped in water and applied to the abdomen in the form of a poultice. General health of the child good, pulse 80. Applied the tobacco at 9½ o'clock (by means of a cloth about twelve inches broad) over the abdominal region: 10½ o'clock, the pulse is 100; the eyes are a little watery: 11 o'clock, pulse 106: 12 o'clock, pulse 108; eyes still suffused with tears. 1 o'clock, P. M., pulse has increased to 112 beats: 2 o'clock P. M., found patient asleep, pulse still 112: 3 o'clock, pulse still the same: 4 o'clock, removed the tobacco. It has been 6½ hours since it was applied, during which time I have noticed a slight change in the eyes which became lachrymal. An inclination to sleep was observed and also a great accelleration in the pulse, which is now 116, an increase of two beats in the last hour. At 8 o'clock, P. M., gave 5 grs. of calomel; it operated and worms were expelled dead at 9, A. M.

Case 2nd. Applied the tobacco at 9½ o'clock; pulse 85. General health of this child good; has passed worms recently, after the administration of (Similax China) China root. At ½ past 10 o'clock, A. M., pulse of Child 88; says he feels well. 11 o'clock, pulse of patient has increased from 88 to 100; eyes injected: 12 o'clock, pulse 100; patient seems very cheerful. At 1 o'clock, pulse is 104 beats, being an increase of 4 strokes within the hour: 2 o'clock, P. M., patient asleep, pulse 108 beats: 3 o'clock, patient seems well; pulse still on the increase, 110: 4 o'clock, removed the tobacco; patient's pulse 112; noticed the same change as in the preceding case, viz., eyes watery, an acceleration of the pulse and a disposition to sleep. At 8

o'clock, P. M., gave patient five grains of calomel. At 7, A. M., passed several worms dead.

Case 3d. A child about 6 years old, whose health has been usually good, and has passed worms within a few days. At ½ past 9 o'clock, A. M., placed the tobacco thoroughly wetted over the abdomen: pulse 85. At 10½ o'clock, patient's pulse 90; says the bandage feels very comfortable: 11 o'clock, pulse 96, an increase of 6 strokes within the hour: 12 o'clock, examined patient, found a decrease of 4 beats, pulse now only 92. 1 o'clock, P. M., pulse of child 100, again on the increase. At 2 o'clock, I found my patient's pulse had increased 8 beats during the last hour, being now 108, full and regular: 3 o'clock, my patient just roused from sleep, pulse 108. At 4 o'clock, P. M., I took off the tobacco; patient says he is well. In this case I have not observed that change in the eyes, as in the two preceding cases, but there seems to be here also an inclination to sleep. At 8 o'clock, P. M., gave a dose of castor oil to patient, it operated well and 3 or 4 worms were evacuated dead.

Case 4th. A child about 7 years old, general health good, has passed worms, but not recently. At 9½ o'clock, A. M., applied the tobacco, steeped in water, over the abdomen; pulse of patient 85. At ½ past 10 o'clock, the pulse is only 80, a decrease of 5 strokes. At 11 o'clock, pulse of patient 94, and feeble. At 12 o'clock, pulse 91, child seems well and cheerful: 1 o'clock, P. M., patient's pulse 94, a gain of 3 beats. At 2 o'clock, P. M., examined patient, whose pulse remains the same, 94, full and regular; inclines to sleep: 3 o'clock, pulse 98; patient's eyes rather injected. At 4 o'clok, P. M., I removed the tobacco; pulse numbers 106 strokes. There has not been that rapid increase in the pulse of this child as was manifested in the others—it has been fluctuating throughout, sometimes rising, then again falling. At 8 o'clock, P. M., administered a dose of castor oil to patient, who passed several worms, some dead, others alive.

Case 5th. A child aged 8 years, who, when an infant, was unhealthy, but appeared well now, has passed worms, though not recently. At ½ past 9 o'clock, A. M., placed the tobacco over the abdomen; pulse 100. At ½ past 10 o'clock, pulse 112, eyes watery, countenance dull, has little to say: 11 o'clock, patient's pulse 120; appears dull, says he does not feel well; eyes injected, pupils dilated: 12 o'clock, pulse 116, eyes much injected: 1 o'clock, pulse 118; seems very sleepy; has been out and had a motion from the bowels—passed no worms—had the tobacco remoistened: 2 o'clock, my patient has been asleep; pulse 118, feeble; he complains of no uneasiness about

the abdomen; desires to eat: 3 o'clock, P. M., pulse of patient has increased 10 beats within the last hour, it now numbers 128 strokes: 4 o'clock, P. M., removed the tobacco from the child. I have remarked greater changes in this case than with any of the others—eyes very red and watery, skin hot and dry, a disposition to sleep, and a great increase of pulse, which has now 132 beats to the minute. At 8 o'clock, P. M., gave patient a dose of castor oil which operated freely; several worms were passed, at first dead, at the last operation they were alive.

The increase of the pulse in the 5 cases, from 9½ o'clock, A. M., to 4 o'clock, P. M., is as follows:—At 9½ A. M., 85, 85, 90, 100, 100. At 4, P. M., 106, 108, 112, 116, 132.

Second Series.

Case 1st. Richard, a lively boy, of 5 years, never has been sick in his life, parents both healthy; has passed no worms this year, though he has taken China root frequently. At 9 o'clock, A. M., applied the tobacco, steeped in warm water, over the abdomen; pulse 80 strokes per minute: 10 o'clock A. M. saw patient; pulse 90, full and strong: 11 o'clock, pulse of child 98, an increase of 8 beats: 12 o'clock, examined patient, pulse 110, skin warm and moist, eyes watery: 1 o'clock, P. M., patient's pulse 120, quick and feeble; skin warm and moist: 2 o'clock, P. M., visited patient; pulse 112, a decrease of 8 beats within the hour; skin very dry: at 3½ o'clock, P. M., pulse of patient 114; says he feels well; skin dry, eyes watery: 4½ o'clock, examined patient; pulse 116, a gain of 2 beats, skin hot and dry, eyes much injected: 6, P. M., visited patient; pulse 130; removed the tobacco, which has been on 9 hours, during which time he has not had an operation. On the following day, at 9 o'clock A. M., patient took a dose of castor oil, passed no worms—the tobacco has not had the desired effect.

Case 2nd. Isum, a boy aged 5 years, general health good; has passed worms, though not recently. At 5 minutes after 9 o'clock, A. M., applied strong pressed bar tobacco over the abdomen; pulse 80: 10 o'clock, A. M., child's pulse 95; sitting before the fire, says he is well: 11 o'clock, saw my patient whose pulse numbered 101, an acceleration of 5 strokes: 12 o'clock, found patient's pulse 104, a slight increase; skin moist; the tobacco again saturated: 1 o'clock, patient sitting very quiet; says he feels very well, but has a dull countenance, eyes watery, pulse 106: 2 o'clock, pulse of patient 114, an acceleration of 8 beats since last examined. At ½ past 3 o'clock, P. M., child's pulse 120, a gain of 6 strokes in an hour and a half. At 4 and 4⅔ o'clock, found my patient's pulse 110, a decrease

of 10 beats; skin hot and dry, countenance dull: 6 o'clock, P. M., examined patient, whose pulse numbered 114 beats; skin hot and dry; has had 2 operations, passed no worms; removed the tobacco. Between 9 and 10 o'clock, A. M., gave patient a dose of oil; he passed one worm.

Case 3d. Mary Ann, a girl 6 years old, whose general health has been good; worms have been expelled, though not lately. At 9 o'clock, A. M., placed the tobacco, well soaked with water the abdomen; pulse 85; child very much frightened: 10 o'clock, A. M., visited patient; pulse 100, quite an increase within the hour: 11 o'clock, patient's pulse 102, on the increase: 12 o'clock, examined patient; pulse 102, skin warm and moist; saturated the tobacco again: 1 o'clock, P. M., pulse of patient 108, skin warm, perspires at times. At 2 o'clock, P. M., found patient's pulse 120, feeble and full at intervals; skin moist. At ¼ past 4 o'clock, examined girl; pulse 116, a decrease of 4 beats; skin now dry, eyes red and injected: 6 o'clock, visited patient; pulse 120; skin hot and dry; eyes suffused with tears: removed the tobacco. At 9½ o'clock, A. M., administered a dose of oil to patient—no worms were expelled.

Case 4th. Robert, a mulatto, aged 2½ years, general health good, passed several worms a week or two since, having taken pink root. At 15 minutes after 9 o'clock, A. M., applied the tobacco on patient, who was very much alarmed and struggled violently—I could not examine his pulse: 10 o'clock, A. M., saw my unruly patient, pulse 100, doing well. At 11 o'clock, the pulse of this child (whom it is impossible to keep quiet) is 106: 12 o'clock, patient's pulse 112, skin cool; still very playful; moistened the tobacco the last hour: 1 o'clock, P. M., examined the patient; pulse 120, an increase of 8 beats since last seen. At 2 o'clock, P. M., the pulse of patient the same as last hour, 120. At ½ past 3 o'clock, I found an increase in the pulse of this patient of 10 beats; it now ranges to 130, skin hot and moist. At 4 and ½ past, again examined patient; pulse 124, there being a falling off by 9 strokes since last examined. At 6 o'clock, P. M., saw my patient and took off the tobacco, much to his satisfaction; pulse 120, skin dry. Next day, at 9, A. M., patient took a dose of oil, operated, but passed no worms.

Third Series.

Commenced this morning at 9½ o'clock, and applied the tobacco to seven children—2 boys and 5 girls—nearly all younger than the 5 preceding cases. I keep them out of the sun, in any position they desire: sitting they prefer, and I find them generally in this position. At 10⅓ o'clock, found an increase in the pulse of some, as also a diminution in that of others.

At 11 o'clock, an increase in all, probably owing to their just having taken food. A ¼ to 12 o'clock, A. M., I found my patients doing well—a decided acceleration in the pulses of all, which now ranges from 98 to 120; the eyes of two were filled with tears: 12 o'clock and a ½ after, examined 4 of the children: the pulses of 3 had a slight increase, those of the others remained the same as a half an hour previous. At 1 o'clock, saw 3 of my patients: a very slight increase of the pulse of each since last examination, which was at ½ before 12: 2 o'clock, discovered two of the children asleep and the others nearly so: there has been an increase and also a great decrease in their pulses during the last hour, the range is from 110 to 130 strokes per minute. At ½ past 3 o'clock, examined the children again, found an increase in their pulses, they range from 114 to 136—I left them taking their dinners—I should mention that 1 had an evacuation since 2 o'clock, but passed no worms. At ½ to 5, P. M., visited my patients; I found them doing well; 4 others had a passage since 3 o'clock, expelled no worms; some of their pulses have increased and others diminished since the last examination, the lowest number of beats being 108. the highest 132: 20 minutes after 7 o'clock, removed the tobacco from the children; found several asleep, the pulses of all had decreased, except 2, one of which had a great increase—this one was asleep when first I saw her, and the increase of pulse may be owing to her being awakened suddenly—one of the patients, whilst the tobacco was being removed, had a sudden and copious evacuation and had passed a worm alive a few minutes previous—none in the last passage. All seemed well when I left them. At half-past 6 o'clock, A. M., visited my patients, and discovered that the tobacco had had a strong cathartic effect on all—some going out as often as two or three times—still continued this morning when I saw them: it seems that the desire to defecate came upon them so quickly, they relieved themselves on the bed or floor, some getting as far as the steps—there were 9 in all, on whom the tobacco was applied—two I did not note down, but I find this morning that the effect upon them was the same. At quarter past 10 A. M., administered a dose of oil to each of my patients. At 1 o'clock, P. M., medicine had operated on all—no more worms. At 7 o'clock, P. M., visited the children; found that one had passed some time before a large number of lumbricoides.

Minute record was kept of each individual case, but as they are very similar to each other and to those already detailed, they are omitted, as a narration of them might prove more tiresome than interesting.

I have thus applied the tobacco to 16 cases; from 7 of these worms were expelled, and none from 9. When we reflect on the uncertainty of the presence of worms in any case, there being no reliable symptom, and the uncertain effects of all vermifuges, and the fact that in these experiments the children were generally in good health, evincing no sign of worms, the results are as satisfactory as could have been expected, especially as the worms were in most instances expelled dead. It is not likely that if the same children, under the same circumstances, had been subjected to the internal administration of the most powerful vermifuge, that the expulsion of more worms would have been caused.

As tobacco, when thus employed, affects very decidedly the circulatory and nervous systems, its effects should be carefully observed during its application, that it may be removed in time to prevent these effects being carried too far.

We would not claim for these experiments that they are sufficient to establish the character of tobacco thus used, as an efficient vermifuge; but if they only serve to excite others to make more numerous and varied experiments, we will be satisfied with the belief that our task will not have been in vain. *Southern Med. and Surg. Journal.*

Art. IV.—*Letter from* Dr. A. C. Dayton,, *Dentist, of Vicksburg, Miss.*

Editors of the Journal:—The following case of metastasis of the menstrual secretion from the uterus to the mouth, was related to me a few days since, by Dr. J. M. Jones, of Madison Parish, La. Thinking it worthy of note, I asked and obtained his permission to send it to you. If you think it worth publishing, please give it a place in the Journal.

It may, perhaps, be right to say, since I have no personal knowledge of the case enclosed, that I have no doubt of the veracity of Dr. Jones. The parties concerned live opposite this city, in Louisiana, and are all known here; and Dr. J. furnished me with references to persons in the neighborhood, of whom I might make further enquiries—this I did not consider necessary. Yours, most respectfully,

A. C. DAYTON.

Case.—A negro woman, aged forty years, beloning to Alfred Johns, Esq., of Madison Parish, La., had, about fifteen years since, an attack of fever, soon after which her teeth became troublesome, and she had frequent spells of bleeding from the mouth. It was soon observed that these attacks returned at regular monthly intervals, and that the ordinary menstrual discharge had entirely ceased. Her general health

became very bad, and she was unable to do any work. In the intervals of the bleeding, her face, abdomen and limbs had the appearance of one suffering from general dropsy. For a day or two before each return of the bleeding, she suffered greatly from pain in her head and face. The blood seemed to ooze out of the sockets around the roots of the teeth, and from the masses of fungous flesh which projected in several places from the swollen and spongy gums. The flooding at length became so profuse as greatly to debilitate her, and, indeed, to endanger her life at each return of it.

Dr. R. G. Parkham, a practicing physician of the parish, was called in, and, on learning the condition of her mouth, desired that Dr. Jones, a dentist, might be consulted. Dr. Jones found nearly all her remaining teeth decayed; some of them broken off and covered by the gums—the others loose in the sockets; the gums soft and spongy, and in several places shooting up in fungus masses, which bled freely from the slightest scratch. He at once removed eight of the teeth and roots, and after two weeks, five others, making thirteen in all. He then cut away the fungus projections from the gums, and directed the use of an astringent wash to the mouth, and the internal use of the muriated tincture of iron, twenty drops, three times a day. At the return of the next regular period, she had no bleeding from the mouth, and has not had any since. It is now about four months since the operation was performed. In three weeks she was able to take her place in the field, and has, up to this time, enjoyed perfect health.

Art. V.—*Treatment of Dental Pulp preparatory to Plugging.* By Dr. J. D. White, Dentist.

Mr. Editor:—There is no subject connected with the duties of the dental practioner so important as the above, and none which the writer would approach with more deference to the opinions of others. That the subject is intricate, all will agree; and that nothing has been settled upon, to direct the young practitioner in a way by which he may generally arrive at very satisfactory results, is also true. It is justly remarked by Mr. Tomes, of London, "that it is too much the practice, at the present day, to immediately remove an aching tooth. It would well repay any one who has time and opportunity, to devote their energies to the investigation of this subject," and that "there are many teeth extracted, which, with care, might be saved and rendered serviceable for years." The same remarks will apply, to a certain extent, with reference to the subject in this country. Professor Harris, of Baltimore, remarks, in his work on Dental Surgery, published

some time ago, that "Indeed, I regard the propriety of plugging a bicuspid or molar, after the nerve has been exposed, as so extremely doubtful, that I think I hazard nothing in asserting, that however correct the preparatory treatment may have been, it will not be successful in more than one case out of four." And more recently he remarks, in an article on the treatment of the pulp, in the American Journal and Library of Dental Science, July, 1849, that "even now, although he has performed the operation successfully in numerous instances, he feels considerable hesitancy with regard to the propriety of expressing his views upon the subject; nor would he at this time, had he not been frequently requested to do so." This eminent author further remarks, "although he is disposed to think favorably of it at present, its ultimate value, to some extent, remains to be determined; but, "hereafter, he may furnish the readers of the Journal with the result of his observations and experience upon the subject." This is the right spirit. Combined observation is the only sure way by which we can hope to arrive at correct conclusions in any difficult subject. If such had been the practice of those illustrious names who have gone from among us, and a correct record handed down to the rising generation of the profession, incalculable good might have been done, for some of the ills that flesh is heir to, and an important work have been done, and fixed upon established principles, which, as yet, has scarcely been commenced. With regard to the propriety of attempting to treat the dental pulp, as a general rule, when exposed by decay, there can be no doubt. Subject, however, to many considerations, the age of the patient, as to whether the roots of the teeth are fully formed, as well as the general health and tone of the teeth, gums, and the system generally. But experience can only be rendered advantageous, in this respect, by close observation, founded upon an extensive knowledge of physiological and pathological science. However uncertain the treatment may be, it is better to make the trial, for even if the tooth is lost, it is no more than would happen at any rate, as the tooth is useless with an exposed pulp, and better learn by losing hundreds, than to abandon forever the attempt to preserve any. The writer has been making extensive experiments in the treatment of the exposed pulp, for twelve years in every conceivable way, and has finally settled upon a general and very successful plan of practice, and which plan he gave in full in a thesis paper on the treatment of the dental pulp preparatory to plugging, for the degree of Doctor of Medicine, in the Jefferson Medical College, in 1844, and which will form the basis of the present series of papers upon the above subject.

To better understand the subject, a few remarks, with reference to the division of tooth-ache into different stages, and the diagnosis only, will not be out of place, as it is presumed that students become, at the present day, acquainted with the minute anatomy, structure and physiology of the teeth, in the earliest part of their studies; those that have not, I would refer to *Tomes, Harris, Goodsir and others.* There is no case of tooth-ache that cannot be cured, and the tooth saved, as a general rule, if there be enough of the dentine or body and root of the tooth remaining to receive a plug. Tooth-ache may be divided into, and treated under three heads, viz: *True, False* and *Sympathetic;* but may also be considered as only different stages of the same disease; because it is evident, that however remote or obscure the pain and pathological changes may be, if excited by a tooth, it is none the less tooth-ache in some of its forms or stages.

1st. *True tooth-ache* is acute inflammation of the dental pulp or nerve of the tooth only, and subject to the same changes as any other vascular tissues of the body, while running the different stages of inflammatory action, and the intensity and character of the pain depending somewhat upon, and marking the different pathological changes the pulp is undergoing at the time. *Its causes*—may be *constitutional, remote, approximate* or *local.* Constitutional, such as high sensibility and irritability of the nervous and vascular system. Remote, when other diseases are operating upon the system; such as tuberculous diseases of the nervous system, genital organs, attacks of cold, &c.; in short, any disease which operates to promote irritability and a morbid condition of the system, will favor an attack of the tooth-ache of any kind. Approximate and local; such as one diseased tooth operating upon another, by *metastasis*, sympathy or close proximity; decay of the dentine sufficiently to expose the pulp to air, and the irritating acids of the mouth, sudden and extreme changes of temperature, erosion, &c.; dead dentine without much softening, acting as a foreign substance, as in cases of blackness of the tooth-substance, commonly called black decay; on the contact of any foreign substance or plugging material, while introducing a plug; accumulation of serum, blood or pus beneath a metallic plug, or the decay of the tooth itself; when inflammation attacks the pulp before the decay is removed sufficiently to allow of the escape of the accumulating fluids.

2d. *False tooth-ache* is an inflammation of the alveolo-dental membranes and gums, and is commonly communicated from *within* the tooth to *without*, by continued inflammation and ulceration of the pulp, through the foramen at the end of the

root; hence it almost invariably commences at the apex of the fang. This membrane never continues acutely inflamed for any length of time, without destroying the vitality of the pulp, because the swelling of the coats of the blood vessels around the foramen at the end of the root, cuts off a supply of blood to it, and the high grade of inflammation which exists in the pulp before it extends to any height externally, will cause it to slough. This is the point at which true alveolar abscess commences, and is never established without a loss of the dental pulp. Its causes, salivary calculi, (but, as observed above, generally diseases of the pulp,) which will often excite extensive inflammation of the gum and periosteal membranes, and sometimes to such an extent as to even inflame the pulp, and cause it to slough; a blow with any hard substance will often produce the same effect. Calomel is also a common cause of periosteal inflammation, especially when pushed to ptyalism, and acids of various kinds, administered during illness, and the mouth not washed carefully. But the most marked cases of the kind, and the most painful, but without the extreme sponginess which exists in severe ptyalism, that we have ever seen, has been during the development and eruption of the wisdom teeth, in patients of extreme irritability of the nervous and vascular system. And what is most curious, however loose, and however sensitive the teeth may become in ptyalism or teething, as soon as the irritating cause is removed, the teeth return again to their natural and healthy condition, as a general rule, without a loss of the pulp.

3d. *Sympathetic tooth-ache.*—This character of tooth-ache may be regarded as only existing in sound teeth, or in teeth in which pain is experienced, but are not themselves the exciting cause of the pain, but excited by some irritating cause along the course of the nerves of the same side of the face; not, as is supposed by some, caused by a diseased tooth of the same class on the opposite side. Opposite jaws may be painful from the same cause, but not opposite sides of the face, except it be from disease of the roots, or both of the nerves of the fifth pair—such as in rheumatism or irritability of the nerves of the head and face generally.

Its causes.—Diseased neighboring teeth; diseases of any character involving the fifth pair of nerves; general irritation of the gums from salivary calculi; partially necrosed roots; uterine pregnancy; development and eruption of the teeth; exostosis of the roots and alveolar processes; ossiffication of pulp, &c., &c.

Diagnosis of true tooth-ache.—Actual contact with your instrument, after removing the decay of the tooth, and ocular

demonstration, are almost the only positive signs of tooth-ache; still the following symptoms may sometimes lead to correct conclusions, viz: pain upon taking substances into the mouth above or below the common temperature of the blood. Yet high sensibility of the tooth, when only slightly decayed, or where they are wholly sound, may give rise to great pain upon taking cold or sweet substances into the mouth; and sometimes cold is the only temporary remedy for inflamed pulp; therefore, a tooth-ache which is relieved by cold water, may be relied upon as arising from inflammation of an exposed pulp; on the contrary, warm, when it produces any impression at all, it is to increase the pain, and that is frequently the first sign we have of the inflamed pulp, after a tooth has been plugged with slight exposure of the nerve. Tenderness of the tooth *inside* of the *cavity of decay*, and more or less prolonged pain after the instrument is removed; while pain excited by sensibility of the bone, only lasts while the instrument is in actual contact with it. Again, a little experience will render the operator capable of judging whether the pain, excited by the contact of his instrument, is really from an exposed pulp or sensitive bone, by the peculiar thrill which it gives the patient.

These symptoms all become much exalted when acute inflammation attacks the pulp, together with intense pain accompanying. Intermitting pain is also a marked sign of true tooth-ache, especially in the after part of the day, and fore part of the night—the febrile exacerbation—the determination of blood to the head and face, which gives the flushed cheek more or less to all in the evening, accounts for more pain being experienced at this time than any other in the twenty-four hours. Few have tooth-ache in the morning; hence, the promises which are made in the night, that the tooth shall be extracted in the morning, are, on account of the absence of pain at that time, so frequently broken by the sufferer. When these symptoms are present, and there is no seeming elongation of the tooth from the socket, and no undue sensation by sharply striking against the cutting edge or grinding surface of the tooth, with a hard instrument, it may be generally relied on as diagnostic of true tooth-ache.—*Dental News Letter.*

Art. VI.—*Acute Periostitis.*

To the Editor of the Boston Medical and Surgical Journal:

Sir—I take the liberty to send you the two following cases of acute and very extensive periostitis; and I am more inclined to do it, in consequence of not having seen, in my recol-

lection, any cases of so severe a character reported. I imagine that cases of the kind are not so extremely rare as may possibly be supposed. I think I have myself seen two other cases of the sames description, which, however, could not be fully identified, for want of the necessary *post-mortem* examination. We, in the country, not unfrequently hear of patients dying suddenly of *fever* of a typhoid charater, in whom the prominent preliminary symptom is excruciating pain in some one of the limbs. Whether such cases would all fall under this head, perhaps admits of doubt; but I have no hesitation in believing that very many of them, if submitted to examination, would be found to be of this character.

On the 15th of March last, I was requested to see a fine little boy, of 5 years old, of rather feeble constitution, but whose health was generally good. During the afternoon of the preceding day he had been at play in the snow, got into a pretty free perspiration, and got his feet wet and cold. He was rather restless and uneasy through the night, but made no particular complaint until morning, when he complained of pretty severe pain in the hollow of the right thigh between the hamstring tendons. I first saw him about 11 o'clock at night, and found him with a haggard look, agonized expression of countenance, pale, trembling, some degree of thirst, pulse 120 and feeble, general prostration, no uncommon heat of the body; severe pain in the thigh, recurring more severely every twenty or thirty minutes, lasting ten or fifteen minutes and then partially subsiding; thigh not swollen nor having any abnormal appearance. The ordinary antiphlogistic course was adopted, together with fomentations of the thigh.

16th.—Patient not relieved in any respect. Complained of tenderness of the abdomen, which was soon removed by fomentations. Had a turn of vomiting, after which he was unable to define any particular location as the exclusive seat of pain. The limb is now considerably swollen, and is tender to the touch; there is also inability to move it. The pain is excruciating, and is attended with great agitation of the body. Pulse the same as yesterday, and prostration increasing.

After this, there was at no time any diminution in the severity of the symptoms. The prostration increased; the pulse grew more feeble and more rapid; the pain more agonizing, but was never after this referred particularly to the thigh; the extremities grew cold, the vitality of the system was rapidly expended, and on the morning of Tuesday, the 20th, five days after the attack, he died.

Post-mortem Examination, 24 hours after Death.—Thigh somewhat swollen, but no other external mark of inflammation.

Tissues all healthy and normal above the periosteum. On cutting down to the bone, nearly half a pint of pus was discharged. The whole length of the shaft of the bone, from the condyles to the trochanter major, was entirely denuded and as clean as if it had been prepared far a college museum. The periosteum was softened, completetely broken down in its texture and about the colour of pus.

The next case is one which occurred in the practice of a friend of mine, who kindly permits me to make use of it. It happened about two months since. The patient was a stout healthy girl, about 8 years old. No cause can be assigned for the attack, unless it originated from a bruise in the socket of the thigh bone, in consequence of jumping from a height a few days previously. She complained at the time of the hurt, but the pain soon subsided, and nothing more was thought of it.

This case was, in its symptoms, progress and termination, so precisely similar to the one already narrated, that an account of it would be only a useless repetition. The *post-mortem* examination disclosed precisely the same state of the bone and periosteum—with this difference, that in this case the head of the bone and the socket were also diseased. The cartilage covering the head of the bone, and that lining the socket and surrounding its edge, were softened, so as to be readily broken down by the finger nail, and the round ligament was entirely destroyed, so that the head of the bone was easily turned out of its place, as soon as the muscular attachments were loosened.

Cases of this kind are, without doubt, at their very onset, almost, if not entirely hopeless, even if there were present any symptoms which would seem to distinguish them from the host of rheumatic, neuralgic, and other pains of more or less severity to which the limbs are subject. Even supposing a true diagnosis could be certainly and undoubtedly made out, what is to be done? The patient is precisely in the situation of one who has received an extensive and severe injury. The shock to the nervous system is sudden and great—as great, perhaps, as if the whole limb were suddenly removed, or an extensive surface burned. But this is active disease, producing the effect of local injury on the general system, and it is the very intensity of the disease itself that prevents the application of proper remedies for its removal, or that prevents these remedies from having their ordinary influence if they are applied. No one would think of using depleting remedies in a case where the nervous system is prostrated by severe local injury or otherwise; but yet here is a case in which there is the same degree of prostration, and still the cause producing

it is not to be removed by any other means than the most active and energetic measures of the kind; for although the nervous system suffer ever so much, and the action of the heart and arteries be consequently reduced to a state of absolute feebleness, yet the intensity of the local disease seems to remain the same or even to increase, until, within a very few hours, if not from the very commencement, the patient is entirely past all human aid.—*Boston Med. Journal.*

A. WILLARD, M. D.

GREEN, N. Y., *November* 10, 1849.

ART. VII.—*Medical Gleanings and Musings—Case of Hydrophobia.*

The rapid increase of profound medical erudition, knowledge and experience, will, it is believed, eventually crush hydra-headed quackery and black-coated empiricism. Still, the regular profession require all their forces to accomplish this. We have able generals in the American Medical Association, but generals cannot act without privates. The amount of talents, ability and experience of those who never publish anything at all, would be a rich addition and powerful adjuvant, could it be realized and brought into market. And, O patience! thou art verily a difficult goddess to worship, when we reflect how many of our capable and qualified brotherhood withhold so much from their fellow laborers, which might be useful to them, their patients, and the public. Every member ought to pay tribute to the highest and most useful of all professions, *his own*. There may be various causes which induce such to keep their candle under a bushel, and never display a scintillation of their accumulated light. Some may think the same or similar cases are known already, and will neither procure admiration to the writer nor benefit to the reader.

Another motive operates upon a certain class who bear the gratuitous *handle of doctor* to their names. Their patients and the newspapers report cases which even they themselves would not vouch for; all the magic and miraculous display of which would vanish into thin air were they stated technically, circumstantially, candidly and truthfully.*

*My late friend, Thomas Miner, M. D., formerly President of the Connecticut Medical Society, observed, that there was one class of beings in the world greater liars than even quack doctors. This was their patients! We have heard of one of the latter, who went about the streets of a certain city, swearing that his doctor, whom he named, cut him open, took out his liver, healed, cleaned and put it back again, and that he was then well!

But there may be others, regularly bred, who, standing at the head of their profession, have not happened to see such marvellous cases as others have reported; and, as they cannot compete nor excel in the wonderful, they retain what might be a thousand fold more beneficial. For instance, they may not have had a patient who could distinguish colours by the touch, or read with her fingers; nor one in which the urine by metastasis was evacuated by the salivary glands; nor others in which that liquid was black, blue or green; nor one in which as related by Mr. Howship, the entire secretion was suppressed (as ascertained by the catheter) for six weeks or two months and then two gallons were passed by the *rectum* each day, for four days in succession! They may not have seen, as others are said to have done, the case of a woman who was delivered of a minute fœtus in October, and a full-grown birth the succeeding December; of another, who never in her whole life menstruated at all till she was 70 years old; of yet another, who neither in single or married life ever once had any show, or sign of catamenia, still after her marriage bore her husband three healthy children; of one, who, with her first child, had, by her accoucheur, in removing the placenta, her womb completely inverted, and never *re*-inverted, and yet was alive forty years afterwards and able to do the duties of a dairy maid; of an infant born with enlarged breasts, and hair where it appears at puberty; of another who menstruated at 3 years old, and at the same age had prolapsus uteri; of the "detection of a full-sized fœtus in the womb, without either placenta, umbilical cord, or mark of umbilicus."* This last seemed to me more surprising than all the others, till I reflected that *extra-uterine* fœtuses are sometimes thus found.

The accident at Cavendish, Vermont, by which a man had an iron bolt, three feet long, and nearly an inch in diameter, driven through his brain, and lived, is not quite unparalleled, as the following case, related by Dr. Macartney, will show. "He had known," he said, "an instance where a pitch-fork had been driven into the eye of a man, and had pierced the brain, and fixed itself so firmly in the skull at the top of the head that it was obliged to be hammered out from the opposite bone, and the man's mental functions never were disturbed by it, and he recovered and lived for some time."

But after all, the case related by Mr. Jones, of Gutterworth, of a boy, 17 years old, who had his head crushed by a wagon wheel, and part of the substance of the brain forced out, with improvements in his mental powers, is in a moral, physical, and physiological point of view, a very remarkable one. Some

* Dr. Good.

time after the lad got well, Mr. Jones met his mother, who told him that before her son was hurt he had constant headache, and could scarcely remember anything; but that afterwards "*he was sharp as a briar.*"

These and numerous other cases on record, singular and interesting, to be sure, are still of minor practical importance compared with others which are often, too often, withheld.

Our periodicals abound with theories and remedies which require repetition, fixation and establishment. A few years past we were pleased with the prospect of the physicians of Providence, R. I., having found in opium an infallible remedy for rheumatism. Who would not rejoice to see the experience of others coincide; or be equally gratified with a renewal, by the same respectable gentleman, of the continued and reiterated salutary results of their remedy?

In consultation and conversation with our medical brethren we often learn facts of prime importance, of which we never heard before, and wonder they have never made them public. At our State Medical Convention, held at Hartford in May last, I was impressed with an interesting sketch of a case, in private conversation, before the meeting was organized. In view of deriving aid to the medical public from similar unpublished sources, and that in particular, I offered a resolution as follows—"That the President propound to each member of the Convention present, queries to this effect: Have you any new suggestions to make, or cases to relate, which may be of importance to the art and science of medicine." "Resolution adopted," say the records of the meeting, "and questions propounded to the several members." It so happened, however, that at the time I was engaged on the the committee for reporting candidates for honorary degrees, and have nothing to relate from that source. But, as a means of eliciting useful information, it is noticed here. Prize questions afford us only one subject at a time, and only one dissertation is made public. By leaving the field open, every one would be at liberty to give such hints, and relate such phenomena, as would best comport with the resolution. If it were only enough to fill a nutshell, no matter, provided it be pure gold. We may get less of theory, but more of practical precept, experience and hidden treasure. Medicine is an art which advances by collective methods, and materials applicable to isolated and peculiar, as well as every-day cases. If we were not taught how to arrive at exact truth, we may learn how to shun error. We may learn that the means of present relief may end in death. Bringing minds together to act upon, sharpen, cultivate and confirm each other, is the grand, growing and prominent

feature of the age. Shall the medical world be left behind and stand aloof? How noiseless is thought. The sun in the fable accomplished by its mild beams, what the tempest and tornado could not.

Since the above meeting, the following, from an unexpected source, I have thought to be of sufficient interest to be submitted to the editor of the Journal. In a case of dysuria in a child-bed, hysterical woman, among other remedies I recommended an onion cataplasm to the pubes. The mention of onions brought forth remarks in their favor; and among other instances of their good effects, elicited the following singular history. The narrator at the time of its occurrence, lived in some town in western New York, the name of which I did not retain.

A man was bitten by a mad dog, and had hydrophobia; the rabid paroxysms of which were represented as more outragiously violent, vehement and uncontrollable, than in any other case of which I ever heard or read. His turns of ravings were such as to put his attendants in fearful peril of being bitten, by the infuriated maniac. In lucid intervals, so sensible was the patient himself of the danger of those around him, and of his utter inability to control his raging propensity to bite, that he desired to be confined in a room by himself. His request was complied with. He was shut into a large upper room at night, and fastened also by tying him up with a rope around his body. When morning came, his friend were no longer annoyed by the sound of his horid ravings, and at once concluded he was dead. It so happened that in one corner of the capacious chamber in which he was confined, there was stored in one heap, thirty bushels of onions. Upon unfastening the door it was found that he had crawled into this heap, having, as was supposed, bitten in two the rope, which was thought too strong for him to break. But the most agreeable as well as unlooked-for circumstance, was, that instead of being dead he was in a sound and apparently sweet sleep. Upon awakening, he declared himslf well. And so it proved; he having no return of his excruciating spasms, or any other symptoms of hydrophobia. The quantity of onions by him bitten and crunched, was represented as one of the most astonishing features of the case, and as being really enormous. What portion he had swallowed, neither himself nor any one else could tell. There is one feature in the chewed and bitten onions, which must not be omitted. It was asserted that those portions had *turned black*. The whole pile, sound and bitten, was carefully carried out and securely buried.—*Boston Medical Journal.*

JOS. COMSTOCK, M. D.

LEBANON, Conn., *Nov.* 1849.

ART. VIII.—*A Case of Natural Anæsthesia.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

So universal has been the application of the Divine curse to man, that, *to suffer and to live* are not only inseparable, but may be considered synonymous terms. In the observation of more than twenty-three years, I have met with but a single exception to this apparently absolute law of our existence. It has occurred to me, that in these days of artificial anæsthesia, a brief narration of this case might not be devoid of interest to the profession; especially as this condition of the sytem was actually so complete and profound as to have caused the death of the patient.

I had known Mr. A. for several years, and am the intimate friend of his family physicians, the last of whom is one of my earliest and most promising pupils. From them I had occasionally heard that this gentleman had a natural insensibility to pain, previously to his becoming my patient. In 1845, I was first consulted by Mr. A., in reference to the developments of cataracts in his eyes. In November, 1846, he had one eye operated upon in a neighboring city, and for a time he could see pretty well. The sight not proving, however, satisfactory, the patient desired the cataract removed from the other eye; and this was accordingly done by couching, on the 6th of March, 1847. Believing that there was a disposition in the case to cerebral congestion, which might produce amaurosis, or even apoplexy, the family physician was advised to keep up some active derivation from the head.

After this second operation upon the eyes, the patient had a rapid recovery, and was soon able to rideover his plantation on horseback. In one of these excursions, he was unfortunately exposed to a severe rain, and apprehending his eyes might suffer, he ordered his servant to rub the nape of his neck with tartar emetic ointment. Desiring this application to be repeated, he was told that the part was already inflamed, but, as he says he did not feel it, and of course, could not see the part affected, his command was repeated and then obeyed. Erysipelas now occurred, and I saw the patient on the 11th of April, being about a month after the last cataract was destroyed. Free incisions were made through the skin of the inflamed neck, and other local and constitutional means employed. The disease, however, continued to increase in spite of most active treatment, coma supervened, and he died during the night of the 14th.

Mr. A. was about 56 years old at the time of his death. He was of sanguino-leuco-phlegmatic temperament; was a

corpulent man, weighing about 250 pounds, and had been a free liver. He was a lawyer by profession, of good intellect, being a man of strong mind and body, and had acquired considerable reputation as an advocate and politician.

And now in relation to his possessing a natural state of anæsthesia, the following facts are submitted:

During a political campaign, not liking the appearance of a finger injured in a rencounter, he bit it off himself and spat it upon the ground.

He had at one time an ulcer on a toe, extending finally to the foot, which resisted treatment for nearly three years, Mr. A. told his physician at the time, and has since repeated the same statement, that from first to last, it never gave him the slightest pain.

An abscess also formed in his hand, involving in its progress the whole fore-arm and arm, which became enormously swollen up to the body, and threatened his life. The lancet had repeatedly and freely to be used, and was followed by a copious discharge of pus for several weeks. During the whole treatment, he says he experienced no pain.

He says he felt no pain when his eyes were operated upon for cataract. Neither did either inflame. I can vouch for his statue-like immoveability during the second operation.

When his neck was pustulated by tartar emetic ointment, he did not feel it, but ordered the application to be repeated.

I made three incisions with a bistoury in his neck to relieve erysipelatous inflammation. He was so unconscious of the operation, that after it was performed he asked me to do it, that he might turn over on his back in the bed.

He told his attending physician that he never suffered pain from any cause whatever, until his last illness. For two days after its development he complained of the erysipelas, and then passed into his usual insensible cond tion, some time before the state of coma supervened.

It is proper to say that Mr. A. was a man of great probity, and never boasted of being insensible to pain.

The only cause suggested for this truly singular and peculiar condition of the system of this patient, is the free use of alcoholic potations to which he was at one time much addicted. But others have drank more than ever he did, without producing the same result. We think the case of sufficient interest to deserve a passing notice.—*South Med. and Sur. Journal.*

ART. IX.—*A Case of Rupture of the Quadriceps Femoris Muscle, which came under the notice of* C. H. MASTIN, M. D., of Mobile, Alabama.

In September I was called to see an old man, aged 60 years, who, in attempting to replace the bed of a wagon on its wheels, had his foot to slip, and his left leg in a state of semi-flexion, caught between the falling body and the ground. Upon examination, I found the quadriceps femoris, about an inch and a quarter above the patella, ruptured; the patella driven down, even out of its natural position, and its ligament "loosed" outward. Having satisfied myself of the correctness of my diagnosis, the next question was, as to the mode of treatment; how the ruptured ends should be co-optated and so retained. I extended the leg upon the thigh, and flexed the thigh upon the body; a uniting compress was placed upon the thigh in the direction of the fibres of the muscle, the patella restored to its position, and a roller passed from the toes to the groin; a splint extending from the tuberosity of the ischium to the os calcis, and the roller reversed and passed over the splint, down to the foot. The leg was now placed upon a simple inclined plane, which, by flexing the thigh upon the body, would keep the ruptured muscle in a relaxed condition, and thus more effectually approximate the ends. The patient was now left to rest. No bad symptoms occurring, at the end of thirty days, the dressings were removed, and the double inclined plane of Amesbury substituted, which, bygradual flexion and extension, anchylosis was prevented, and in the time of forty-five days, from the accident, the patient was perfectly cured.

This proves to be an interesting case, from the advanced age of the individual, from the fact, that the violence of the blow—sufficient to rupture so great a mass of muscle—did not abrade the skin, and the speedy recovery, even without a bad symptom.

That the accident cannot be regarded as trivial, we have but to notice, that out of fourteen cases mentioned by Demarquay as having occurred at the Hotel Dieu, only five may be considered as having had a favorable result. M. Velpeau mentions two cases of rupture of the *tendon* of this muscle, which came into La Charite in 1838, and remarks, that though it was impossible to affect union by immediate contact, still the cure was completed without the functions of the leg in either case being perceptibly disturbed.

The fact of the new substance, which unites the two ends, being ultimately transformed into a tissue resembling the original, may be the reason why, ruptures of the extensor tendons and muscles, do not cause lameness more frequently; the mus-

cle being only lengthened to a small extent, its retractions eventually evercome this elongation, and in a short time the movements of the leg show but slight derangemant.—*South. Med. and Sur. Jour.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1 *On Nervous or Convulsive Cough.* By M. Sandras.

There are several varieties of this:—1. The patient can receive no physical or moral impression, without suffering from a cough almost convulsive in its character. In examining the chest of such a person, the physician may be led into grievous error, and the unnecessary fear of incipient phthisis, unless he examines it on various occasions, and under different circumstances. Patients with incipient phthisis also cough from the slightest cause; but it will be generally found that in those cases the impression is physical, while in those we are alluding to it is oftener moral.

2. Another form of cough, having some analogy to this, is observed whenever certain functions are brought into play, or when they are more actively exerted than usual. Thus, it it is found in some whose meals have been too long delayed, in others as soon as they have eaten, especially if rather fully. Other persons cannot take a little extra muscular exertion without bringing on a tormenting cough ot this kind. In both this and the preceding form the cough is dry and capricious, exhibiting very inconstant physical signs; but this latter form is somewhat more fixed in character than the first, inasmuch as in the same person it is always when the same function is fulfilled that it is produced; and it seems, too, to be more dependent upon disorder of the organs in connexion with the exercise of whose functions it appears; and this should be our chief guide for its treatment.

3. Another cough is observed upon the slightest irritation of the bronchi being produced; so that the least cold brings on a convulsive cough nearly as bad as that of pertussis. Sometimes, and especially in children and very young adults, it takes on this form at the very commencement of the cold, and retains it until coction is produced. Each paroxysm is accompanied by a dry, rancous sound, and attempts at vomiting. Sometimes it is periodical, the disease only gradually assuming the character of an ordinary ripening catarrh. In other cases the spasmodic character is only observed as the cough is drawing towards an end. Instead, however, of coction taking place, the expectoration continues frothy and transparent, and is only ejected by convulsive efforts and vomiting—the paroxysm being brought on by the slightest cause, and a state of spasmodic suffocation being atmost induced, until a little transparent and frothy matter is expectorated, when all becomes quiet and normal until a new paroxysm. In some cases the cough suddenly ceases, without the expectoration having undergone any change; but this is rare. The causes of this pertussoid cough are not of easy appreciation. At the commencement, all is like a common cold; and it is the reiterated catching cold in an eminently neuro-pathic subject that seems to

induce the aggravation. The prognosis, as regards immediate danger, is favorable; but is more serious in respect to future consequences, owing to the various evil consequences which may ensue upon the congestions the paroxysms give rise to. The destruction of sleep and disturbance of digestion which it causes are other important circumstances. Among the more serious results, is the production of hernias and of emphysema pulmonum. The irritation of the glottis and larnyx should be relieved by tepid aqueous or narcotic vapors, and by the use of demulcent emulsions with laurel-water. When the expectoration is difficult, syrup of poppies, with small doses of tartar emetic, should be given, the antimony, whether it causes vomiting or not, affording great relief. So, too, small doses of extract of belladonna every night, or night and morning, should be given when the expectoration is somewhat modified, and in a few days the convulsive character of the cough usually abates. When this drug disagrees with the patient, it should be used endermically.

4. This variety may be called *hysterical*, from its occurring in hysterical patients. In a subject whose respiratory organs are habitually in a good condition, all at once an irregularly paroxysmal cough comes on, occurring at frequent intervals, and sometimes almost without intermission. It does not terminate with the expulsion of mucosities, but is either dry and objectless, or is accompanied by a true phlegmorrhagia. Hysterical phenomena sometimes precede or accompany the cough; while at others it ceases instantly that these appear. The cough is found to get worse and worse, in proportion to the development of the hysteria; and this without any physical explanation of its intensity. The pulse is not febrile, but may be irregular, and such a one as is found in nervous subjects. The prognosis is favorable, unless the cough is mistaken for a phlegmasia, and aggravated by mal-treatment. The treatment is, in fact, that which is proper for hysteria; but two means are specially indicated—the use of belladonna, and the employment of baths. Belladonna, given in doses of one-seventh of a grain every half-hour, is highly efficacious; and it is rare for five or six doses to be given before improvement is visible. Baths at from 84 deg. to 89 deg. act as if by enchantment; but sometimes it is useful to give them at from 75 to 82 deg.; and this is the temperature which will in most cases prove the best, after the patient has already employed the higher.—***Bulletin de Therapeutique***, tom. xxxvi. pp. 385–96.

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2. *On the Treatment of Psoriasis and Lepra Vulgaris.* By M. Emery.

M. Emery states, that when appointed to the St. Louis, several years ago, he tried all the various remedies so warmly recommended by authors, and of all these ***arsenic*** proved the best internal medicine; but besides the inconveniences which it sometimes gave rise to, its operation was very slow. The external use of *strong tar ointment* (½ to ¾ of tar) produces, in fact, a far more rapid cure than any other means. Of from 1,500 to 1,800 patients who have employed it, five-sixths have been rapidly cured, and that without any ill consequence, or any greater frequency of relapse than after internal means. In 228 cases of psoriasis, the arsenic and tar were used conjointly, and 200 were cured within two months. Of all the preparations of *mercury*, the *protiodide* is alone efficacious (½); but it excites much irritation of the skin, and if applied to large surfaces, produces salivation. The *iodide of sulphur* is useful in psoriasis of the head; but if applied to large surfaces, produces ery-

sypelas. The conjoined use of the arsenic and tar-ointment constitutes, in fact, the best medication. In a disease so apt to recur, the greatest attention to diet is essential; and on the least symptom of recurrence, resort should be had to meeicine, without waiting until it become very bad. Before commencing, the patient takes a bath, and rubs in the ointment with gentle frictions three times a day. In two or three days the strength of the ointment and activity of the friction are increased; and when the disease is of old standing, linen rags smeared with the ointment are to be kept applied. A tepid bath is taken once or twice a week. It is only in very irritable skins that the treatment is interrupted by the appearance of impetiginous pustules or furunculi. In about ten days we perceive, where the squamæ have fallen, a whitish circle circumscribing the patches, and extending from the circumference towards the centre. This is a sign of a decrease of the disease, which usually disappears in two or three months. With respect to the arsenic, we should begin with five drops of Fowler's solution, in four ounces of sugared water, which are to be divided into two doses. Every other day the dose is to be increased a drop, until twelve are reached. If we observe that the patches are becoming thinner, and acquiring a blackish-gray color, this is a sign of saturation, and the dose is not to be increased; but even when this is not present, it is rarely proper to go beyond twelve or fifteen drops. Sometimes the skin becomes hot and painful around the patches; but this is relieved by tepid lotions, demulcent drinks, and diminution of the doses. After twelve or fifteen drops are reached, a feeling of constriction of the throat, or severe pain of the stomach, is perceived; and then the medicine should be suspended for a day or two, and recommended *de novo* with the small dose. Pain near the heart, with palpitation, sometimes renders venesection requisite. If any contraction of the extensors of the limbs is observed, the medicine must be at once abandoned; and as soon as the blackish-gray color of the patches appears, which announces saturation and an approaching cure (though such spots may remain for months,) the arsenic must be discontinued.—*Bulletin de Therapeutique*, tom. xxxvi, pp. 481-90. *Med. Chir. Rev.*

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3. *Masturbation in Girls.*. By M. Rene-Vanoye.

Dr. Durr long since affirmed that this may be always suspected when warts are observed on the index or medius finger, especially when they are not present on the other fingers. In support of this opinion, Kretschmar gives the case of a girl, who, wishing to ascertain whether her fowls were about to lay, was in the habit of passing her finger into the cloaca, with the effect of generating an abundant crop of warts upon it. Dr. Rene-Vanoye has recently met with two cases, in which this sign enabled him to discover the real cause of otherwise inexplicable exhaustion. It is one certainly desirable to bear in mind, though cautiously to be made use of.—*Rev. Med. Chir.* t. v, p. 235. *Med. Chir. Rev.*

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4. *On Nux Vomica in Impotence and Spermatorrhœa.* By M. Duclos.

Incomplete impotence is of far more common occurrence than would be supposed, until many patients have been questioned respecting it.—Erections are almost always possible, especially in the morning; but they are soft, incomplete, and insufficient, a certain amount of tension only continuing, and that for a short time. This state may be met with in

men even of the strongest make and most robust constitution, in whom the vascular and muscular systems have attained their highest development. In others, in whom these systems and the nervous system are ill-developed, the generative functions are properly exercised, so that the general physical force is no criterion of the special force of these organs. This imperfect condition is as often found in those who have been excessively continent, as in those who have abused the sexual organs; and it is observed just as often in persons whose nervous system is easily excitable, as in those in whom its lesser irritability allows of a predominance of the muscular and vascular systems. Self-pollution may occur either by night or by day, the discharge being either a true or a pseudo spermatorrhœa.

Accident first led the author to the employment of nux vomica in this class of affections; and he has since observed several cases in which its efficacy has proved very great. He divides 75 grains of the alcoholic extract into 100 pills. During five days he gives 1 every night; then for other 5 days, 1 morning 2 night; for other 5 days, 2 night and morning; and for other 5 days, 2 morning and 3 at night; and so on until 4 are taken night and morning. He has never found any harm result, altho' some patients have taken 14 pills per diem. In many cases the stomach is rapidly improved by the medicine, the lost appetite returning. The following liniment rubbed into the loins and on the inside of the thighs is a valuable though not an essential auxiliary:—R. *Trœ. Nuc. Vom., Trœ Arnicæ vel Melissæ aa*, 60 *p. Tr. Lyttæ* 15 *p.* The regimen should be tonic; and the increased appetite demands a larger supply of food. A very moderate use of coitus is advisable.—*Bull. de Therap.* tom. xxxvi, pp. 529–33.

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5. *On Valerian in Epilepsy.* By M. Chauffard.

M. Chauffard, an able practitioner at Avignon, adds his testimony to that of so many other writers, concerning the great efficacy of this substance in the various disorders of the nervous system; and in truth, in many of the functional disturbances of this it is invaluable. M. Chauffard likewise confirms the opinions of many of the older and some of the modern writers on the materia medica, as to its utility in epilepsy, and he attributes the failures in very many cases in which it has been given to the small quantities employed. To be of use in this formidable affection, very large quantities must be perseveringly taken for some months. In the cases given in illustration, as much as from four to sixteen drachms of the powder were taken in divided doses, daily. Great repugnance is at first felt to both its taste and smell, but this is soon got over, and neither nausea, oppression, nor other disagreeable sensation results; nor does the drug with any certainty produce diuretic or other marked effect. Dr. Chauffard generally premised a bleeding with good effect; and several cases remained under observation for months and years after the cure was effected.—*Rev. Med. Chir.* t. v, pp. 265–72.

[We are almost tired of chronicling remedies for epilepsy, so fallacious do they all sooner or later prove; yet in so terrible an affection, and one in which patients are usually so eager to try every resource, it is satisfactory to have the testimony of so old a practitioner as M. Chauffard, that in some forms of the disease, valerian has, to all appearances, operated a cure.—*Ed. Med. Chir. Rev.*]

6. *Quotidian Hemicrania, treated successfully by Chloroform, &c.* By F. G. Broxholme, Esq., M. R. C. S. Eng., &c., Islington.

On July 8, 1848, six P. M., I was requested to visit Miss L——, aged thirteen years, of delicate constitution and appearance, I found her suffering most intensely from an accute lancinating pain darting through the head, which she had been the subject of nearly three weeks—to use her own expression, "it was like that of a knife being pushed through the head." It came on quite suddenly. The direction of the pain was across from one parietal eminence to that of the opposite. I examined the head most carefully, and could detect nothing whatever that the pain could be attributed to externally. The cutaneous nerves of the scalp were entirely free from the affection, and the pain which she was suffering was completely confined to the parts within the cranium. Soon after the paroxysm of pain commenced, the vascular excitement of the brain, and indeed of the whole system, was intense. The eyes became suffused, and appeared at times a fiery redness. The pulse, which during the intermission, was eighty in the minute, and weak, rapidly rose to 100, and became full; breathing rather accelerated, but not difficult during the paroxysm; skin hot and dry. This stage of excitement continued from two and a half to three hours, and left our patient as suddenly as it came on. After this, a kind of spasmodic dyspnœa succeeded, the attack resembling one of asthma; this continued about three-quarters of an hour, gradually subsiding, leaving behind it great exhaustion, and at length terminated in sleep. Fearing serious consequences might be the result of the vascular excitement within the cranium, ten leeches were applied to the temples during this paroxysm, which appeared to afford some slight relief. The tongue was coated with a dense light-brown fur, and the secretions of the mouth were much vitiated; there were thirst and slight febrile action during the intermission, with fulness and tenderness about the region of the liver and spleen; bowels constipated; urine scanty and highly coloured; acid, specific gravity, 1025, abounding in lithates. A calomel-and-jalap purge was administered, with the desired effect; after this, quinine every three hours.

Saw her on the 7th, at eleven A. M.; had slept during the night; slight febrile action; pulse 90, and full, but compressible; no appetite; thirst; secretions generally much vitiated. Repeat the purge, and continue the quinine with sparing diet. At half-past five P. M., the time about which the paroxysms had hitherto returned. I again visited her, and found her in the same state as in the morning. No return of pains, nor were there any symptoms of a relapse that night.

8th.—Had passed a good night; pulse 86, and more natural in feel; bowels relieved; urine improved in quantity and quality; other symptoms much improved. Continue the quinine with a more generous diet than the preceding day. Half-past five P. M., paroxysm again returned if anything, more severe than it had ever been before. Being under no apprehension of organic disease of the brain, heart, or lungs, I administered half a drachm of chloroform on a pocket handkerchief; the effect was instantaneous; she changed at once from the most excited state possible to that of the greatest quiet and repose. The pulse, which was during the paroxysm 110, and full, but compressible, decreased to 85; breathing prefectly tranquil and natural; eyes wide open; pupils dilated, but contracted on the approach of light. She remained in this state a quarter of an hour, then became perfectly sensible and expressed herself as being entirely free from pain, only much exhausted. She recollected

nothing of the pain leaving her, only that a handkerchief was applied to her mouth, with something on it very strong. Continue the quinine.

9th.—Had passed a good night; pulse 84, and natural in feel; every one of the unfavorable symptoms fast subsiding; all the secretions beginning to assume a healthy aspect, and appetite better. Repeat the purge and quinine. At a quarter to 6 P. M., she relapsed into her condition of the previous evening, with the exception of her paroxysm not being so intense. I again administered a similar dose of chloroform to the previous one, and with the same same happy result, only that she remained under its influence three-quarters of an hour. On returning to consciousness she felt no pain; neither had she from the moment the chloroform had been applied, but was much prostrated. Continue quininine as before.

10th—Had slept well during the night; pulse 80, but less full and compressible; appetite improved; secretions also; and she appeared altogether better; still there continued some congestive pains adout the liver and spleen, only perceptible on pressure. Repeat the calomel-and-jalap purge diet as before; as also the quinine throughout the day. On my visit in the evening, I found her much improved; had had no recurrence of the paroxysms; pulse 85, more full, and less compressible; appetite much improved; and also the secretions generally. Continue the quinine and diet as before.

11th.—Had slept the whole night; appetite quite restored; pulse natural, and secretions healthy. Quinine as before and diet more generous.

The case progressing favorably for three more days, and the congestive pains about the spleen and liver having subsided, I gradually discontinued the treatment, and allowed the usual diet; so that in one week from this period she was in a state of perfect convalescence, and has continued so up to this period, without any symptoms of a relapse.

In the month of June I attended a similar case to the one detailed above, in conjunction with a gentleman of great experience residing in the neighborhood; and finding the case did not yield to aperients and quinine, I suggested chloroform, which was employed with precisely the same results as in the one I have particularized.—*London Lancet.*

SURGERY.

7. *Excision of the Knee-joint.*

The meeting of the Societe de Chirurgie of Paris, on the 26th of July last, was entirely occupied by a controversy which calles to mind the still pending difference in this country regarding the excision of the head of the femur. M. Maisonneuve, Surgeon to the Hopital Cochin, had in his wards a young man aged nineteen, affected with white swelling of the knee. He first thought of amputating the thigh, but subsequently resolved to take up again an operation long abandoned in France, and severely coedemned by M. Velpeau. One favorable circumstance was the fact of the disease having begun in the soft parts, and the affection of the bones being merely consecutive. Two semi-lunar incisions were made above and below the patella, in such a manner that their concavities were opposed to each other, and their extremities in contact. After a careful dissection, the patella was removed, and by dividing the lateral and crucial ligaments, the luxation of the articulation was easily effected. A little saw was then introduced behind the head of the tibia

and this process taken off by sawing from behind forwards. The articular extremity of the femur was sawn off in the same manner, but the fibula was respected. The synovial membrane formed after these excision a cul-de-sac behind the triceps; this was incised, and turned into a simple wound which united perfectly. The operation was performed nine days ago; the patient has done very well hitherto; the limb is well secured in a proper apparatus, and the wound, as well as the bony surface of the bony surface present already very favorable granulations, which may encourage the hope of a satisfactory termination. M. Maisonneuve contended with great vehemence in favor of the excision in this case, against a very warm opposition from the fellows of the Society. We shall not attempt to sketch the discussion, the advantages and drawbacks of such an operation being sufficiently obvious. We will not fail, however, to acquaint our readers with the ultimate result of the excisions.—*London Lancet.*

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8. *On the Successful Employment of Ergot of Rye in Psoas Abscess.* By John Brown, M. D., &c., of Boston.

Mrs. J———, aged thirty, had been long under treatment for psoas abscess, and was sent here from the north of Lincolnshire in August last to her parents and native air, and told that nothing more could be done for her. She was much emaciated, and was seldom able to leave her bed. The discharge amounted to about half a pint, as she supposed, in the day and night. The sac bulged out very perceptibly in the right iliac region whenever thhe outlet became closed. My first intention was to inject the sac with a solution of nitrate of silver, but failing to get a sufficiently free passage in the sinuous opening, I abandoned the local management, and resorted to the ergot of rye. I have used ergot for several years most freely in uterine hæmorrhage, hæmoptysis, and leucorrhœa, and it now struck me, that a medicine capable of closing the patent mouths of the capillaries of the uterus in menorrhagia, and of the secreting mouths of those in the vagina in leucorrhœa, might reach the sac of a lumbar abscess, and exercise its influence there.

The ergot was at first given in powder in frequent doses, until some degree of intolerance was manifested by the stomach, and pains were felt about the abdomen, and it is desirable that one or the other of these states should be produced by way of assurance that the drug is not inert; it can then be administered less frequently, and the dose diminished and combined, as the case may indicate. This person having restless nights with pain, opium was combined, but the stomach not bearing this the infusion of the usual strength was administered, with Dinneford's alkaline solution, and small doses of compound tincture of camphor, the surface of the abdomen being rubbed occasionally with the biniodide of mercury ointment. This plan seemed acceptable to every symptom from the first; the transient hectic disappeared, the discharge diminished and the strength increased from day to day; there has been no change made for several weeks, and the abscess is all but extinct; there is sometimes no discharge at all for two days together, and then no fulness or distress, and by rubbing a little of the biniodide over the orifice, she can re-open it, and liberate the trifling discharge which remains. Last week she walked down to my house, a distance of more than a mile from her parents', in as good health, to all appearance, as she could wish to be in,

and, indeed, expressed herslf as feeling quite well. Apart from this case, I have encouragements which induce me to invite the attention of the profession to this treatment of psoas abscess.—*London Lancet.*

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9. *A Case of Diseased Larynx, in which Tracheotomy was three times Performed, and a Portion of Necrosed, Ossified Cartilage was Coughed up, through the Artificial Opening, from the Bronchus.* By E. HUMBY, M. R. C. S.

T. H———, aged fifty-three, had passed the greater part of his life at sea, or in the West Indies. In April, 1845, having had syphilis two years previously, he took mercury, to relieve secondary pain, &c. In July, a severe cold he caught was accompanied by pains, sore throat, loss of voice, and dyspnœa. Active antiphlogistic treatment proving unavailing in relieving the last symptom, tracheotomy was performed, and a silver tube worn for a month. This was then dispensed with for three weeks, but the recurrence of dyspnœa required its re-introduction. Mercury was then rubbed in, the patient was kept in a room supplied with a constant jet of steam, and iodine was given internally. In July, 1846, the difficulty of breathing increasing, it was determined that the opening should be enlarged, and a wider tube introduced. This was affected with difficulty by Mr. Liston, in consequence of ossification of the rings of the trachea, which the bone forceps were required to divide. In October following, the author first saw the patient. He was then suffering from constant cough, with muco-purulent expectoration and great constitutional excitement, and with physical signs of mischief in the lungs, especially the left. On November 14th, Mr. Liston cut out a second piece of ossified trachea; and in a fit of coughing which followed, a large piece of necrosed and ossified cartilage (apparently a part of the cricoid) was coughed up. The patient died six days after the operation.

Autopsy.—The right pleural cavity contained three pints of turbid serum, with lymph. The left lung was partially consolidated. The upper apperture of the larynx was nearly closed; the bulb of the cricoid cartilege was absent; the rings of the trachea were ossified; and in the left principal bronchus was a fragment of necrosed ossified cartilage. The author considers the disease to have had its origin in the primary syphilitic affection, and remarks that the principal points of interest in the case are, the great difficulty attending the operation of tracheotomy in this instance, and the presence of the dead bone in the bronchus.—*London Lancet.*

10.—*Cicatrices after Burns; Removal of the Deformity by the Gilding Method, (autoplastic par glissement.)*

M. HUGNIER, surgeon of the Hopital Beaujon, lately communicated to the Societe de Chirurgie, the successful results of an operation performed by him to remove the deformity of an averted lower lid fixed in its vicious situation by the cicatrix of a burn. The different steps were as follows: the margin of the *upper* and lower lids were carefully pared, avoiding the eyelashes and tarsal cartilages; then a semi-lunar incision was made on a level with the lower segment of the orbit, along the whole extent of that segment, the knife being carried to the bone, two similar incisions were made about three lines below the first and at the

same distance from each other. These incisions facilitated the raising of the lower lid, and five sutures fixed the pared margins of both lids to one another. Lint was then put into the three wounds inflicted by the knife to prevent healing by first intention, and they were very carefully dressed. The patient presented, a month after the operation, the following appearances: The inferior half of the globe is perfectly covered by the lower lid, which latter is, in some degree, remodelled; the occlusion of the eye has not been complete, the lids adhere only by the inner and outer angles. The cornea is clear, and vision good, and the new cicatrices do not present any deformity. M. Hugnier tried this method as being recommended by M. Maisonneuve, Surgeon to the Hopital Cochin; this practitioner had remedied, too, the partial loss of the upper lid, by making three paralel incisions on the forehead; it is not recorded, however, how long the artificial adherence of the lids was allowed to go on. M. Hugniar himself had operated before on the upper lid in a similar manner, and wished the eye to remain closed for seven or eight months, but the patient, who was going to be married, had the lids separated after three months, and did very well. This method is similar to the process used by M. Jobert (de Lamballe) for the cure of vesico-vaginal fistula—viz., "autoplastic par glissement." A member observed that relapses were to be feared when this method is employed, that Celsus and Bordenave had used it, and that its novelty must therefore be called in question.—*London Lancet.*

11.—*Iodine Injection for Fistula.*

M. Ameuille lately mentioned, at a meeting of the Societe Medico-Pratique of Paris, that he had succeeded in completely curing very refractory fistulæ of the groin and axilla, by injecting into them, for a few days, a mixture of ten parts of tincture of iodine to fifty of distilled water. The mixture should neither be decanted nor filtered, but well stirred before use. The pain resulting from the injection may be mitigated by a poultice, and the patient be allowed to rest for a while. In some cases slight complession must be used besides the injection.—*Lon. Lancet.*

12.—*Excision of a Lipomatous Polypus situated on the Arytenoid Cartilages.*

Professor Laugier, surgeon to the Hospital of la Pitite, in Paris, has just removed from a man, thirty-nine years of age, a polypus of the size of a small walnut, situated on the posterior surface of the arytenoid and cricoid cartilages, in the following new and ingenious manner:—The operator seized the tumor whilst the tongue was steadily depressed, with an adapted forceps, which he gave to an assistant, with the injunction of holding it with care. The tumor was then transfixed with a stout needle carrying a double thread; the two ends of it were brought forward; and a gum-elastic catheter introduced into the right nostril, the extremity of which was likewise made to project through the mouth. The two ends of the thread were then passed through the eye of the catheter, and the thread itself thus easily brought out through the nostril. The tumor was, by means of the thread, vertically raised, and so well seen as to be easily removed with curved scissors. The bleeding was trifling, no surrounding organ injured, and the man did well.—*Lon. Lancet.*

OBSTETRICS.

13. *Recovery of an Infant after Perforation of its Cranium.* By Dr. LAGAE.

IN July, 1839, the author was called to a woman, æt. 34, in labor with her second child. Two years before, she had been delivered of a still-born child by means of the forceps. He found that the labor had continued more than forty-eight hours, and that the practitioner already in attendance, after having in vain endeavored to deliver by the forceps, had perforated the cranium, and made ineffectual efforts at extraction. The woman was fatigued, but not exhausted; and Dr. Lagae fearing, owing to the height at which the head was situated, and to the narrowness and obliquity of the pelvis, that the greater danger would result to the mother by continuing the attempts at extraction than by performing the Cæsarean section, resorted to the latter. No difficulty attended its performance, the mother getting about in a few weeks, and living for eight years after. A feeble male infant, heaving some sighs, was delivered. There was a large wound in its cranium, situated to the right of the sagittal suture, and a few lines in front of the posterior fontanelle.—Through this the brain was visible, looking like a sanguinolent pulp, a small portion escaping by the wound, as did other portions, after the suppurative process was set up. The child recovered; compresses, dipped in cold water, being alone applied to the part. It, now nine years old, was recently exhibited to the West Flanders Medical Society, a loss of substance equal to a two-franc piece in size being still observable in its cranium, notwithstanding that reparation of the loss of the cranial bones occurs in the young.

The child's intellectual faculties are in their normal state. A circumstance worthy of note is, that at the solution of continuity in the bone, where the soft parts alone cover the brain, there sometimes takes place a depression, and then the brain is plainly seen raised up by the arterial pulsations at the bottom of this cup-like depression. When this appearance manifests itself, experience has shown that the child is not well.—At other times, the soft parts remain on a level with the cranial bones, and the arterial pulsations are slightly, if at all, observable.—*Revue Medico-Chirurg.*, tom. vi, p. 55. *Med. Chir. Rev.*

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14. *Vagitus Uterinus.*

DR. WINKEL communicates a case which occurred in the person of a rickety woman, in labor with her first child. He and several other persons distinctly heard the infant cry during a quarter of an hour, while still in its mother's womb. Indeed, it was only delivered eight or nine hours after by means of the forceps, and that with such difficulty that its life was sacrificed. The hydrostatic test, applied twenty-four hours after, showed that respiration had occurred.—*Medecin. Zeitung*, 1849, No. 12.

[It is to be regretted that so meagre an account of the phenomenon should have been given; for the mere fact of the child's head requiring to be brought by the forceps through a rickety pelvis several hours after, is no proof that its mouth may have not descended to some distance in the cavity before the cry was heard.]

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1. CONTRIBUTIONS TO PHYSIOLOGY, By BENNET DOWLER, M. D., &c. New Orleans, 1849.

Taking this very remarkable production in connection with several others of a like stamp, which have preceded it, from the same source, we confess ourselves at a loss as to the most proper manner of noticing it or them. Comment of some sort seems to be called for, as well from the circumstance of their having been noticed *in a certain manner* by others, as in deference to their own lofty pretensions. We might be pardoned perhaps for receiving the whole as the quizzical production of some tolerable hoaxer, but a careful inspection leads us to the conclusion that Bennet Dowler, M. D., is certainly in earnest—*very earnest* he would seem to be indeed.

We do not often quarrel with peculiarities of style; the communication of reliable facts and logical deductions, we are willing to receive and welcome, dressed in any garb of words which can clearly convey the meaning, however infelicitous; but in the present instance we confess that *the manner has* prejudiced us against *the matter*, and necessarily so, because if it be an index to the author's mind and disposition, we must infer that neither is of a character to fit him in any eminent degree, for such investigations or discussions. There is in this, as in his former articles, a certain inflation, a coinage and aggregation of "hard words," a wholesale depreciation of the alledged discoveries and of the views of others, combined with a most perverse misrepresentation of them, and withal such evidence of a thorough conviction of his own infallibility, as is altogether at variance with the simplicity of scientific truth, and incompatible with the modesty, the patient and varied investigation, the hesitation in forming conclusions, which have ever been the characteristics of those to whom science has been most indebted.

Enough of this however, let us turn to the production itself; here the first thing which strikes us, is a sort of lamentation over the limited number of our senses—we should have been blessed with a "Dynamical sense" and with a "sense of Finality" and then—what a pity they were forgotten—we should have been able to "know the number, natnre and substrata of the forces, as the muscular, capillary," &c., &c., and "been able to cognize disease as an entity," then, too, we might be "enabled to apprehend the connection between Quinine and the dissipation of an Intermittent," &c., &c.

Our author complains also that "we have no sense to appreciate space in its entirety" and farther "the mind as an entity cannot be identified, appreciated or even conceived of by the external senses of man",

—no, certainly not, Dr, Dowler; nor could all the senses your ingenuity could invent, or your liberality bestow upon us, change a *property* of matter into matter itself—transform the *condition* of one entity into another entity,—cause the finite man to comprehend infinity of space, or make the mind of a man, a pig, or even an alligator, anything more substantial than what we already conceive it to be—the simple result of the performance of the function of an appropriate organ, in other words, a property of certain organized matter. *How* this matter comes to possess this property—*how* muscle possesses the property of contractility—or *how* all matter is endowed with the property of attraction—we do not, nor shall we ever know; else could we fathom the Infinite, who impressed upon all matter its properties, and to whose will must every creature finally refer, as the ultimate cause of all phenomina.

Again we quote "the adaptations and the intentions of nature are to a considerable degree obvious in the osseous, muscular, &c., structures, while those of the brain, nerves, spleen, capillaries and other organs are beyond the grasp of the senses."

Now there is no peculiarity in the *structure* of a muscle which would render it "obvious" in any degree that it was destined to contract; it is no more obvious why the particles of the fibre should attract each other under certain circumstances, than it is obvious why or how the cellular structures of the nervous system perform their peculiar functions. The fact is, that to know anything of the functions of an organ or of the properties of any matter whatever, we must *observe it in all its relations;* unless we do this, the possession of no conceiveable additional sense would serve to enlighten us; while success is certain sooner or later, if we only *thus* pursue our investigations, with the aid and proper use of those we have; it is however necessary to have an especial regard for one which our friend has omitted in his catalogue—*common* sense.

"Nor is this all; causes produce effects apparently contrary to all analogy and synthesis, the muscular motion produced by the percussion of the dead body, is exactly contrary to every principle of dynamics known in the physics of inert matter; the percussed body does not move in a right line, nor in a direction opposite to the percussing force."

Your pardon, Dr., surely you must be mistaken; if the body is *dead*, it is really *inert matter*, and percussion will act upon it precisely as upon any similar matter, possessing a corresponding arrangement of parts. If the muscles percussed still retain life, can manifest their function of irritable contractility, then indeed you will have motion other than that which is the immediate result of the force you apply; the phenomena however, which result are not contrary to the "principles of dynamics known in the physics of inert matter," involving other principles, they only differ, widely as the living organism which causes the motion, dif-

fers from unorganized matter. The motions, which we presume you refer to, are not caused by your percussion, but by muscular contraction the movements resulting from both, are in exact accordance with the ordinary results of the application of ordinary forces to any ordinary matter.

In the perusal of the work before us, we have been forced to observe on every page, the extremely loose and incorrect manner in which the admitted facts and received doctrines of modern physiology are handled, and how much of real error is attributed without any adequate foundation: an example or two, even at the risk of being tedious, may serve to show how people *can* write, even upon grave scientific subjects; were we looking over a partizan newspaper article on politics, we should not feel surprised at such demonstrations.

"It is not a little surprising to find so many physiologists, charmed by a glittering word INNERVATION, an ideal creation, an ideal alteration, never yet discovered, never yet explained even transcendentally, and, consequently, beyond the reach of verification by any materializing test, beyond the scrutiny of Realism. *This word*, however, serves as the foundation of much in physiology, more in pathology and therapeutics, and, what is still more astounding, it is relied on by some morbid anatomists. The latter, finding that in almost all persons dying of what disease so ever, particularly of fever, that little or no appreciable alteration takes place in the nervous tissue or matter, concludes, against both reason and analogy, that their patients died of innervation, or an unknown change in that structure! Would an angler go into a rail road car to angle for fish?—a recruiting officer into the dead house for soldiers?—a gold digger into a glacier?—an astronomer into the mammoth cave of Kentucky?"

Pro-di-gi-ous! Save us from such pathological anatomists. Where are they, Doctor? Name them if you please, sir; give us chapter and verse.

Again:

"The theoretical bias to centralization which prevails in modern physiology is not warranted either by the experimental, nor the transcendental philosophy. Why should not the sensorium be *diffused*, instead of being *restricted to a single centre, or mere point* in the cranial, spinal or abdominal cavity? Why should all the lines of intellection, sensation, motion and vitality meet in, or radiate from, one or three centres? For example: take any organ associated with the sympathetic system, and compare it with any ganglion of that system, and it will appear from anatomy, analogy and teleology, that the organ is better adapted to do its own work than the ganglion, though both may be necessary to the origin and perpetuation of the organic function. The same bias prevails in pathology."

What a mixture! Why, Dr.; no one supposes that a ganglion of the sympathetic can secrete bile, or urine, or perform any other function but its own; no one supposes that "all the lines of vitality meet in or radiate from"—any where—or, (except yourself) that there are any such things at all. You must permit us, however, to hint in the most respect-

ful manner possible, that if a ganglion cannot secrete bile, neither can a liver think, "*'cause why*" "it is better adapted to do its own work."

We do not know why "the sensorium *should* not be diffused," we only know it *is* not and could not be, unless the requisite organism were diffused also; it is fully enough that we should have the instruments of the sensorium, the organs of the senses diffused or situated as we find them: to suppose that the sensation of touch resides in the nervous tissues of the skin, is about as reasonable as to suppose that the eye could see independently, or the ear of itself have the sense of hearing.

The following specimen is a fine one—rich, indeed:

"In opposition to some of the doctrines of the present system of neurology, including its absolutism, its supposed centralization, and its exclusive pretensions to physical, phrenological, dynamical, sensational, volitional, pathological, and vital domination, it might be urged and proved, synthetically and analytically, that often other systems or tissues contribute equally, sometimes surpassingly, to the economy, in health, and in disease: for example, observation, experiment, analogy, teleology and rationation prove that muscular motion is not the mere passive, but the direct act of the muscle—not a mere secondary, transmitted nervous force, but an inherent, ultimate phenomenon, which, in its simplest state is quite independent of the nervous centres and their connections. This is, indeed, remarkable; for it may be confidently predicted, from what is already known, or from what may be fairly deducted from data extant, that future researches, impartially conducted, will show, that each tissue, each organ contributes to the vitality or life of the whole; or, (to use an apt illustration, for which I am indebted to my distinguished friend, Dr. Cartwright,) as each state of the Union is, for certain purposes, sovereign and independent in itself, and, yet, contributes, at the same time, together with all the States to form one general government, so each organic tissue contributes to the formation of one vital whole. The constellation is fixed: No State revolves around another, or even around the general government. There is not one centre, and thirty satellites or organs in either the Federal, or in the physiological system. Admitting (what is indeed, positively erroneous,) that the nerves form an essential condition of muscular contraction, still this would not prove them to be the instruments of motion, seeing that they have no adaptations to that end, while the muscles have. Moisture, a certain temperature, and certain nervous influences might be necessary conditions, not direct agents adapted to flexion and extension."

Wonderful!! We scarcely know which to admire most, our author's prophetic inspiration, or his "distinguished friend's" exquisite illustration.

Who supposes the nerves to be instruments of motion? or anything else than that in some cases they can and do cause the muscles to perform their proper functions.

"Among the forces or dynamics of the living body, I regard two, as having been already established as independent and inherent, namely, the muscular and capillary, (including the venous, portal, lymphatic and lacteal.) At least, there can be no longer any question as to the reality, independence and non-derivative nature of the former. Possibly the

latter may be only a modification of the same force—a force that must serve, henceforth, as the type and point of departure for the science of Vital Dynamics. Can physiology boast, as yet, of any other clearly developed and well established dynamical principle?"

Perhaps, Dr., you will be so good as to enlighten us as to this capillary, venous, portal, lymphatic and lacteal force; at present we profess ourselves in such gross ignorance, as not to be aware that any such force had been "established as independent, inherent,"—tell us about it, Dr., and in return we will just mention, that there *is* a force by which some of the cilia are moved, and a force which simple cells, as of spongioles, and leaves of plants are capable of exercising on the fluids in contact with them—neither of these forces, we would observe, are probably of muscular, nor yet of capillary origin; and yet we have senses sufficient to observe their effects—to establish them as inherent and independent.

We would not willingly extend this article so as to become tedious, therefore passing over much which is *remarkable*—very—we shall at once come to our worthy author's great idea—here it is in his own concluding words:

"On the whole, it may be safely concluded, that voluntary motion is neither directly communicated from, nor regulated by the brain, or the cerebellum; that the muscles, in connection with the spinal marrow, perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself; that the trunk, as well as the brain, thinks, feels and wills, or displays psychological phenomena; that the *sensorium* is not restricted to a simple point, but is diffused, though unequally, or in a diminished degree, in the periphery of the body; and that actions which take place after decapitation, as described above, are in absolute contrast to *reflex actions*, being sensational, consentaneous, voluntary, and in other respects, dissimilar.

In order to prove this, to show that it is a "safe conclusion," the author gives us the details of certain experiments performed by him on alligators, with the resulting phenomena; one of these we transcribe at length: it is certainly the most remarkable.

"*Experiments on the Alligator, No. 2*: (The same gentleman, as before mentioned, were present:) The decollation was not followed by a projecting stream of blood, as is usual; no ligature was applied to the great artery of the neck. The dull hatchet used in severing the spine of the neck, had probably bruised the artery, as in torsion and gun-shot wounds. Hence the hæmorrhage was not great, though considerable.

I carried the handle of the knife towards the eye, to ascertain whether it would wink, whereupon the ferocious, separated head, sprang up from the table with great force, at me, passing very near my breast, which received several drops of blood; It alighted upon the floor, from six to eight feet distant from its original position! It missed me, because I was standing at the side, and not in front of the head. Although I have examined carefully, all the muscles of the head, I cannot find one that accounts for this feat of combative muscular motion. The angles

of the mouth recede so much in this animal, that after decollation, including the medulla oblongata, the head seems almost like two separate pieces, the superior and inferior maxillary bones being joined chiefly by the great masseter muscles, for only a short distance. These great muscles (the masseters), which are curved, having their concavity anteriorly, are adapted only to vertical action, as in biting—the great muscles of the tongue act backward and upward against the palatine region:—whence then this quick, violent, forward motion, or rather, as in this case, diagonal leap of six or eight feet—for the head diviated to the left where I was standing, evidently with the intention of biting me? The trunk, in this, as in all cases, possessed no power of forward motion. This curious fact with respect to decapitated animals, noticed by M. Magendie,* and other vivisectors, has been attributed to the *loss of the cerebellum;* but whether this loss of forward motion in the alligator, be owing to a division of the spine, and great muscles, or the separation of the larger or smaller brain, or both, is not very evident, yet the fact which I have noticed respecting the forward motion of the separated head, is, perhaps, a circumstance favorable to this view. That a voluntary, spontaneous and powerful motion,—in fact a diagonal leap, should be performed by the separated head, must therefore appear astounding to one acquainted with the muscular organization. It is difficult to understand, how the cerebellum could thus act alone."

It *is* difficult to understand—very; but perhaps the cerebellum did not act *quite* alone,—might not muscles have helped a little?—indeed our worthy friend characterises the "feat" as one of "*combative* muscular motion," although after a careful examination of all the muscles, none were found which could have accomplished it. We doubt whether we could have discovered them either; and now at last we feel inclined to regret the lack of that "dynamical sense;" perhaps if we had this, we should be able to establish the fact that the motion resulted from mere combativeness—combative force—why not? the head was *so* "ferocious:"—at any rate the circumstance may serve to suggest to our author the existence of another force distinct from the muscular and capillary, including the venous, &c., &c. To continue, however:

"For about two hours, the headless trunk of the last mentioned alligator, exhibited such phenomena as are usually attributed to the brain, namely, sensation, volition and intelligential motion, as tested by the application of bits of ignited paper, wounds, and the like, whereupon the usual indicants of pain were elicited with great promptness and precission: it trembled, receded, rolled over, curved, placed its limbs accurately to the exact spot, and removed the offending cause. In certain places this was exceedingly difficult, as on the spine, between or near the shoulders, or hips. It always used the limb the best adapted for the purpose. If the fire was too remote, as when applied to the tail, the whole body was thrown into the most favorable position, for the purpose of reaching and removing the same. If the fire was placed on the table in a position to annoy, yet without touching, the animal, as if endowed with sight, reached, and always accurately, to the exact spot, and either

*Magendie says "Ce que j'ai remarque jusqu'ici de plus constant, c'est que le cervelet semble necessaire a l'integrite des mouvemens en avant." Journal de Physique.)

extinguished the fire or removed it. As upon former occasions, if the animal found that the fire was continued on the same spot, and that it could not remove it, which was sometimes the case, owing to contiuous or repeated applications, and carefully maœuvering, it curved the body —scratched violently, manœuvered skillfully, and then as a last resort, rolled quite over, laterally, always *from*, never *towards* the fire and operator.

After these experiments had progressed for some time, Dr. Cartwright desired me to cut off the neck close to the shoulders. This was done, but the intelligential, sensational, and volitional motions continued as before."

For the purpose of giving a full exposition, we quote farther:

"Why should adaptation, contrivance, design, consentaneity, simple and compound motions go for nothing, simply because the animal has been so unfortunate as to lose its head, and all of its senses but one? Can a blind man see the rainbow? — a man without legs, dance the Polka? I incline to think, that the headless trunk has memory; for after the first irritations, like a burnt child, it dreads the fire, and makes increased efforts to remove the irritant, though it may be but a slight one.

If a stone were to manifest feeling, willing, contrivance, design and voluntary motion, that is, the elementary manifestation of mind, it follows, unavoidably, that this stone has a mind, higher or lower, it may be, than that of some other sentient beings. Now, if this stone be divided, and if each division displays essentially the same phenomena, it follows, that each has a mind, though this conclusion may not be a phrenological one."

And again—

"The diffusion of sensation and intelligence, together with a multiform volition, may be called by physiologists, "a manifest absurdity," by the phrenologist, a manifest impossibility, and by the psychologist, a manifest blasphemy; but the experimenter may mutely point to a divided animal; one part on the right side of the table, manifesting intelligential motions, while on the left side, the other part manifests identical phenomena; both parts of the body, according to the exigencies of the case, acting voluntarily, but in different times, velocities, directions and modes. The "manifest absurdity" in this case, lies not in the multiform character of volition, but in the conclusion that all the manifestations of the head are mental, while the *same manifestations* in the trunk are only *anatomical, physical, instinctive*. But, even this distinction explains nothing, for there is as "manifest an absurdity" in *two instincts* as in *two wills*. The experimentalist may rest assured, that hard words, great names, and dazzling syllogisms cannot destroy palpable facts, nor produce physiological outlawry at this enlightened day."

Now, then, we conceive we have Dr. Dowler in full, and his whole theory: the correctness of his conclusions rests upon these two points simply, 1st, wh her sensation is absolutely connected with muscular movement in all cases,

And 2nd, whether, when we witness combined movements effected for the performance of a given end, it is necessary to suppose that these are directed by the intelligent will of the individual body in which they occur.

That we may make no mistake in reference to the first position, we quote our author's words:

"Is it possible that any right thinking physiologist can assert that the application of a bit of ignited paper to the headless trunk, by which all the above described actions are elicited, must act *automatically or physically, without the intervention of sensation and volition?* Can the imagination conceive any stronger proofs of feeling and willing, especially in a deaf, dumb, and blind animal, that has, moreover, lost the power of rectilinear progression?"

And—

"Thus decapitation (I must repeat the statement) deprives the trunk of four out of five senses. The sense of touch only remains. How the reflex physiologists, or, indeed, any but sciolists, could expect, what they call *spontaneous or voluntary motions* in the *trunk, without a stimulus or contact*, is passing strange, *not to mention the ineffable absurdity of construing the motions arising from a stimulus or touch, as involuntary.*"

Now, we would ask the Dr., how it is that the isolated fibre of muscle can contract when you apply a stimulus—fire or a knife, for example? Can every fibre *feel* for itself as well as contract for itself? The fibre certainly can contract without a particle of nervous structure near it, so can and will the muscle of a part of the living man, which part has been deprived of all sensibility by division of a nerve trunk or by other means. To suppose that the limbs in this case, or the isolated fibre in that, has a consciousness of its own condition, while the individual is unconscious, is, to say the least, perfectly gratuitous; but the very same phenomena take place—in the same manner, and by reason of the same kind of means in the vegetable kingdom. The opening of the stomata of the leaves—the decided motion of the common sensitive plant, when the stimulus of the touch of the hand is applied, are essentially of this character—are they also "intelligential?" is it so "ineffably absurd to construe *such* motions arising from a stimulus or touch as involuntarily?" Surely there is no occasion to pursue this subject further, every one knows that there are multitudes of muscular actions, performed continually without the concurrence of either sensation or volition, in various parts of the living body.

As to the second proposition that an intelligent will is necessarily to be inferred from the combination and adaptation of movements, we hold it also to be perfectly untenable. It is very true that the intelligent will can in some way make use of muscles, that they are to some extent its ministers; but for this end it is not necessary that the will shall be directed to or control any or every particular fibre of the muscles to be used effecting any particular movement,—nor yet that it shall control and direct the contraction of each particular muscle concerned in its production. No! when we purpose a movement requiring the consentaneous and varying action of many muscles, our will is not directed to the muscles—the means—but to the end, we are not even conscious of such and such muscle being in motion: the will may with more propriety

be said to act upon *muscular organs*, than upon muscles. The muscles in the organ or in the organisms, whose combined action is necessary to a given effect, have the power of acting together for the production of that effect without the particular direction of the will, as it is without the consciousness of the individual. This is often a power acquired and perfected by long habit of such action alone; a man scratches the itching spot without consciousness or any exercise of will—even in sound sleep —the eye lids wink, the motions of swallowing and many others take place habitually without our observation. Who is busied with his intellect and will, as directed to the particular muscular actions which are taking place when he walks, eats, sings or plays on a musical instrument? Now why, if for the performance of these complicated movements, neither sensation nor will is necessary in the perfect being—if they, in such, habitually occur merely from a local stimulus or from an act of the mind not directed to them—why, we ask, should they not occur equally without sensation or will, when the animal is deprived of the organs of sensation and will, whose functions are clearly not necessary—they certainly can, if the necessary organism is not so disturbed in some way by the mutilation or the shock, as to deprive it of its normal vital properties.

Although then the intellect and will can and do make use of muscular organs as their instruments to effect their purposes, we are not warranted thence in concluding, that actions concerned in the comfort and well being of the individual, cannot be performed without their influence, we know that they can as well as without sensation or consciousness. Nor will the most intelligent contrivance and adaptation of means, including necessarily muscular actions directed to the accomplishment of a specific end, always argue intelligence in the complete individual; how much less should it be held to do so in the severed members. Ere the Bee builds its comb, has it calculated the difficult problem of the shape of each cell, which shall give the most strength, with the least consumption of material? Of a surety, no! and yet the work is truly and perfectly accomplished, much better than most intelligent men could perform a similar one. Now Dr. Dowler's system of logic, if fairly carried out, would attribute the intelligence requisite to raise the symmetrical structure, to the the little architect; *we* are content to see in that and a thousand similar manifestations, the mind of the Creator only.

If will is necessary to direct motion, knowledge and intellect are surely necessary to direct that will; yet the first peck of the chick at its food is as perfect as its last, the distance of the object is as well appreciated at the first plunge of the fishing bird, as at the hundreth, the first jump of the trout is as truly directed to secure his prey, as that which leaves him dangling on the angling line, though in another element; who taught these to appreciate not only the precise distance of the object, but the

exact effect of refraction of the rays of light, as they pass from one medium to another, varying with the density of either. The will may indeed here be directed to the *attainment of the object*, but not at all to the means, either "intelligential" or organic by which that object is secured.

Let us go a little farther, and examine some of the "intelligent, sensational, volitional," &c., &c., movements which we witness in the vegetable kingdom, e. g., the movements which take place in the organs of fructification in many plants—how is it we find the several parts moving at a proper time, approaching—embracing each other—the male organism imparting to the female the germs of a future offspring, the cold phlegmatic vegetable actually warms to the work, &c., &c. Are we not irresistably led to the conclusion than something even lower than an oyster—may fall in love? Here is a chance, Dr., for extending the realms of mind—for a pretty little theory about vegetable dynamics, intelligence, volition, &c., &c. What an exquisite idea—the loves of plants—the hopes and fears, and the jealousios, the quarrels and reconcilations—of two pretty little flowers!!* what a subject for a tale of tenderness and —fiction. We shall hesitate to recommend it however, if vivisections are necessary, for of a truth we love the flowers, and should feel even less pleased, to imagine them opening their voiceless mouths in suffering and woe, than we are to hear of the wholesale butcherings of the ugly, ferocious, and very long suffering, great saurians of Louisiana.

We have been led to this extended notice of Dr. Dowler, his sayings and doings, by our love of Physiology, at once the most attractive and the most difficult of sciences. We are pained to witness the energies of the Doctor and his co-labourers, directed, as we think, in a channel not likely to conduct them to any satisfactory conclusion; at the same time we cannot shut our eyes to the fact that his lucubrations and experiments, will probably reach many, who without due investigation, may be led away by them into gross errors, or revolting at their misrepresentations and over hasty conclusions, and confounding them with really scientific investigations, may thereby conclude that physiology is a humbug, and all its doctrines baseless and chimerical.

In conclusion we would in sober earnest, and with the kindest intentions, urge upon Dr. Dowler the careful and systematic study of modern physiological science, both general and special, *as it really exists*, and with a mind so far as possible not preoccupied; he will find much that is lamentably imperfect—in no department more than that which relates to the function of the nervous system; having done this, in no way can he more laudably employ himself than in endeavors to increase our knowledge, and render it more accurate, but this he will never accomplish except by patient labor. His alligators seem to be, in some respects

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*"Amantium iræ amoris integratio est."

excellent subjects for such investigations; when for instance he finds many muscular organs combining to accomplish an object, let him not satisfy himself with attributing the phenomena to sensation or volition, which even if they existed, tell us nothing of the anatomical relations of the nerves and muscles by which these movements are really effected, let him patiently trace the nerves which determine the combination of the muscular movemennts, from the irritated point to their connexion with all the muscles moved. His experiments, if accurately observed and reported, would lead us to suppose some other connecting points and centres of motor influence, than the ganglia of the spinal cord; now should it require weeks—months—years of toil, in patient dissection of the dead animal, should it require as much more sacrifice of time and labor to verify the results in the living one, and at the end of that time he should present to science one such fact as this, with all its attendat circumstances, we should award him a very different position from that we have felt constrained to do. His labors hitherto have only tended to undermine the temple, in whose construction we should so much like to see him laboring, and we would fain hope to hail his next production as really a "contribution to physiology." C.

2.—Human Anatomy, by Jones Quain, M. D., edited by Richard Quain, F. R. S., and William Sharpey, M. D., F. R. S. Professors of Anatomy and Physiology in University College, London. First American, from the fifth London edition. Edited by Joseph Leidy, M. D., in 2 vols, with over 500 illustrations. Philadelphia, Lea & Blanchard.—1849.

The brief notice of the above work which appeared in the September No. of this Journal, was written during the prevalence of cholera in Cincinnati, when every minute of our time was engaged in attending to the duties of our profession.

This must, in some measure, serve as an apology for the imperfect notice then made. Since that time, a close inspection of the work has revealed new beauties and objects of worth; its perusal has been a pleasant task, and we can only reiterate a former assertion, that it is one of the most comprehensive and best works upon Anatomy in the English language. It is equally valuable to the Teacher, Practitioner and Student in medicine, and to the Surgeon in particular, is it welcome, by presenting in a masterly style the surgical anatomy of the most important regions of the body.

It is not our intention to attempt a review of this book, but we think that a more extended notice of it is due the profession.

In the commencement of the first vol., thirty-five closely printed pages are devoted to a general consideration on the textures of the body. The elementary tissues are described, and their chemical, physical and vital properties explained. A detailed history is given of the nature and

origin of the Albuminoid and Gelatinous principles, and the Extractive and Fatty matter of the body. Then follows an article upon the Developement of the textures; the formation and growth of the nucleated cell is shown, illustrated by beautiful plates, which exhibit the microscopical structure of vegetable and animal fabric. In fact this part of the work comprises a brief but excellent treatise upon microscopical Anatomy, blended with appropriate physiological remarks.

In the section upon *Osteology*, about twenty pages are devoted to the composition and minute anatomy of osseous tissue, embracing all that is known concerning the beauty of its structure. In this, as in the descriptions of almost every other elementary texture of the body, we find much that is useful and original, contained in the additions made by the American Editor. The profession in America are also under great obligations to Dr. Leidy for the original plates which he has inserted, and those introduced from Wilson's Anatomy; these, with the matter superadded, have supplied us with a work much superior to that emanating from the English press. We cannot withhold that tribute of praise to Dr. L., which he justly merits from every American physician, for the contributions which he has heretofore made in the department of microscopical anatomy, and to express our faith and hopes that his future efforts will tend greatly to enrich the science of medicine.

In the descriptive anatomy of the various organs, the easy and pleasant style of Prof. Jones Quain is, in a great measure, retained in this work.

Before describing the individual joints, a detailed account is given of the areolar, the yellow elastic and white non-elastic fibrous, the cartilaginous and fibro-cartilaginous tissues, and synovial membranes. The excellent treatise upon Fascia, we learn by the preface, was contributed by Mr. Potter of London, and the manner in which he has performed his duty reflects upon him much credit. We have not seen a better dissertation upon this important structure, unless that contained in Velpeau's Surgical Anatomy, where, however, it is given in detached pieces, appropriate to the particular region described.

The minute anatomy of muscular fibre is given more elaborately, than we remember having met with elsewhere. To this the American Editor has made some valuable additions, as in the arrangement of the sarcous elements, and the location of the nuclei of muscular fibre, &c., illustrated by several original plates.

In the section upon angiology, after a full and accurate description of the central organs of the circulation, wherein the position and the exact dimensions of the different orifices and cavities of the heart are shown, we have a lengthy history of its development, from the earliest period of embryonic life, to its mature condition.

Next the physical and organic constituents of the blood, chyle and lymph are given, with a description of their chemical and vital properties, before treating of the organs concerned in their circulation.

The chapters upon the vascular system are rendered more valuable by the special labors of Richard Quain, which have been directed to the surgical anatomy of the most important blood vessels, at the places of election for their ligation in various accidents, diseases and operations.

Next we have a microscopical treatise upon the epidermic cell, and the various changes it undergoes in the production of hair, nails, etc., and upon the ciliated and non-ciliated epithelial cell; the minute structure of the follicles and villi of mucous membranes; of the sebaceous follicles of the skin, and of secreting glands in general — illustrated by well executed wood cuts; this is followed by the descriptive anatomy of the skin, the mucous and serous membranes.

The organs of respiration are treated of in a full and comprehensive manner. Dr. Leidy, by his description and plates, has rendered plain some obscure points in the minute anatomy of the vesicular structure of the lungs. He has also contributed one of the finest plates we have ever seen, representing the position and direction of the fibres of the different intrinsic muscles of the larnyx. After giving the author's description of this organ, Dr. L. appends an article of his own, which first appeared in 1846, in the American Journal of Medical Sciences, wherein he denies the existence of the vocal cords. He says: "If the muscular layer which is placed beneath the alae of the thyroid cartilage be raised up, the crico-thyroid membrane will be exposed. This will be found to have its origin from the inner circumference of the superior edge of the cricoid cartilage, anterior to the arytenoid cartilage, and from the anterior part of the bases of the latter, and to have its insertion into the interior half of the entering angle of the thyroid cartilage. Its internal face is in contact with the lining or mucous membrane of the larnyx, and a good view of it may be obtained by removing the latter. Its anterior part is thickened and pierced by several foramina for the transmission of blood vessels; its superior edge is also a little thickened, and is on a line with the inferior edge of the opening of the ventricle of the larnyx, constituting what is generally described as a distinct structure, under the name of the inferior thyro-arytenoid ligaments or vocal cords, but which, as such, really do not exist: more properly, this membrane cannot be considered to stop here, as it may be traced, though in a very thinned condition, over the whole periphery of the ventricle of the larnyx, even so far as the epiglottis. A little thickening in this membrane at the line corresponding to the superior edge of the orifice of the ventricle, produces the so-called superior thyro-arytenoid ligaments. This membrane, which may be called the vocal membrane, (membrana vocalis,) throughout its whole extent is composed of the yellow elastic tissue, but above the inferior edge, of the ventricle, is intermingled with a good proportion of areolar tissue."

Although we admire the close enquiring mind and spirit of true investigation, with which Dr. Leidy seems to be eminently endowed, yet

we cannot agree with him in denying the existence of the inferior thyro-arytenoid ligaments as the true vocal cords. Admitting with him that these are nothing more than the thickening of the so-called membrana vocalis, this alone, connected with the peculiar mode of their attachments, endows them with a character which the rest of the membrane does not possess. There are cases in point, situated in other parts of the body, where changes somewhat analogous are seen in membranes or fascia; as a rude example, we may cite the ilo-pubic, or Poupart's ligament: this is nothing more than a thickening of the inferior border of the aponeurosis of the external oblique muscle of the abdomen — yet from its attachment with bone and other tissues, it serves purposes in which the rest of the tendon is not concerned. Now a state of things somewhat analogous to this, actually exists in this part of the larnyx: the thyro-arytenoid ligaments are continuous anteriorly and inferiorly with the crico-thyroid membrane, both of which, from the nature of their offices, would be expected to contain a large amount of yellow elastic tissue in their composition, but on passing above these inferior vocal cords, Dr. L. acknowledges that the membrane becomes thinner, and is blended with "a good proportion of areolar tissue." Of course we would expect to find here, as in other places, a gradual transition of the yellow elastic into the areolar tissue, which in this location looks much like the ordinary corium of mucous membrane.

The thickness of that part of the membrane over the thyro-arytenoid muscles, the nature of its attachments anteriorly to the thyroid cartilage and the crico-thyroid membrane, and posteriorly to the the arytenoid cartilages, through the movements of which it is rendered lax or tense, by the action of different muscles, the narrowest fissure of the larnyx— the rima glottidis — being embraced by these two ligaments: their partial isolation from the parts above by the presence of the ventricles, renderiug their vibrations more independent: the great number of these vibrations requiring a large amount of mucus to lubricate them, and that wisely supplied by the sacculus laryngis, the outlet of which is immediately above these ligaments, and finally the result of experiments proving that any portion of the walls of the larnyx above these ligaments, can be punctured with more or less impunity; but as soon as they are injured, the voice is destroyed, all concur in proving that the inferior thyro-arytenoid ligaments are the true chordæ vocales—the essential organs of voice.

But to continue our notice of the work. Next in order we have an excellent description of the nervous system, forty pages of which are devoted to its microscopical appearances. In the description of the nerves, the editors have received great assietance from the labors of Mr. Ellis, of London, which fact they acknowledge in their advertisement.

In regular order, we have the description of the organ of the senses, containing new matter and illustrations—then the organs of digestion—

of re-production, &c., and the work closes with an excellent article upon the surgical anatomy of the perineum, and the operation for Lithotomy, and the surgical anatomy of the parts concerned in various forms of abdominal hernia, with the series of directions for the operation when strangulated.

The American Editor has enhanced the value of the original work. Besides contributing largely to the microscopical anatomy of almost every textune treated on, he has added much that is useful to its special anatomy and physiology. Comprising a part of this matter, we may mention his description of the mechanism and action of the heart — of the arrangement of air cells around bronchioles — of the course and relative position of the muscular fibres of the larnyx — of the arrangement and course of the white nervous fibres of the septum lucidum — and of the connexions of the olfactory bulb and pedicle, and a long article upon the minute structnre of the liver, in both its healthy and morbid condition, together with a large number of appropriate notes, illustrating different parts of the work. J. P. J.

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3. The Dispensatory of the United States of America: By Geo. B. Wood, M. D., Prof. of Materia Medica and Pharmacy in the University of Pennsylvania, &c. &c., and Franklin Bache, M. D., Professor of Chemistry in Jefferson Medical College of Philadelphia, &c. Eighth Edition, carefully revised. pp. 1380. Philadelphia: Gregg, Elliott & Co. 1849.

Commendation of this truly national and valuable work, so well and favorably known throughout the profession of the United States, is but a feeble tribute to its merits. An adequate one, however, is found, in the alacrity with which the ambitious physician supplies his library, on the issue of every improved edition.

Its being an indispensable accompaniment in the office of the intelligent practioner, is at the same time a gratifying evidence of its sterling worth, and that the distinguished authors receive the meed of honor which is so justly their due.

The great variety and dissimilarity of sources from whence are derived the articles of the Materia Medica, almost necessarily preclude the idea of a *perfect* arrangement of them; yet, in our view, some faults of this kind might be at least partially obviated in succeeding editions of the U. S. Dispensatory.

One of the most prominent blemishes of the work, is the want of a regular system of *heading* its articles.

Sometimes the article goes under the name of the product of the plant, at other times under the name of the genus and species, then under the genus alone, then again the name of the species alone, and lastly, they will sometimes be found under a common name. Another blemish will be found, in the repetition of the same articles, or articles

derived from the same source, frequently possessing the same or similar qualities, under various heads, and in different, distinct and distant parts of the book.

1st. Examples of the first kind are numerous: *Ammoniacum*, p. 87; *Assa fœtida*, 128; *Copaiba*, 200; *Opium*, 506; *Kino*, 414; *Manna*, 446; *Myrrha*, 464, &c.

2d. Examples of the occurrence of articles under the names of the genus and species, are also numerous. We will only cite a few. *Acidum Sulphuricum*, 43; *Allium Cepa*, 67; *Anydus Persica*, 93; *Arctium Lappa*, 117; *Triticum Hibernum*, 722; *Verbascum Thapsus*, 135, &c.

3d. The occurrence of the name of the genus alone is frequent; as that of *Althæa*, p. 75; *Chimaphila*, 207; *Mucuna*, 468; *Zingiber*, 749, &c. &c.

4th. Nearly as frequently, will the article be found under the name of the species, without any reference to, or indication of the genus to which it belongs. Examples: *Absinthium*, 4; *Belladonna*, 137; *Petroselinum*, 535; *Serpentaria*, 657; *Toxicodendron*, 717; *Uva Ursi*, 729, &c.

5th. Examples of common names at the heads of articles, will be found in *Chiretta*, 208; *Colomba*, 261; *Opium*, 506; *Acetate of Magnesia*, 1222; *Ambergris*, 1226; *Coffee*, 1249; *Crabstones*, 1254; *Matico*, 1282; *Soot*, 1304, &c. &c.

6th. On page 506 will be found *Opium*, under which we have a long, excellent, and lucid account of that famous drug, minutely detailing its botanical, chemical, pharmaceutical and commercial history. Under the head of *Papaver*, (631,) we have another account, not so full, to be sure, of the same plant from which opium is derived; and to confuse us still further, under the title *Rhœas*, (598,) we have it over again, but with the decided disadvantage of being so attenuated, as regards the virtues of opium, as to be considered a good substitute for *Homœopathic* medicine.

The genus *Anthemis* is divided into three heads: 1st. *Anthemis*, (103,) where we have a good account of the chamomile. 2d. *Cotula*, (276.) 3d. *Pyrethrum*, (578.) A very natural arrangement would have included them all under the title Anthemis.

So, again, *Senna* is divided into three heads, and heterogeneously arranged in different parts of the book. On page 177 will be found *Cassia Marilandica*, the American senna, which, if differing at all from the senna of the shops, is only so in being a little weaker than some of the species. Then, under the head of *Senna*, (651,) we have an excellent physical and commercial account of the different kinds of Senna of the shops, the produce of several species of *Cassia*. And again, under the head of *Cassia Fistula*, (186,) we have another account. It is true a different part of the plant is used medicinally, but it is the product of the same genus, and possessing precisely similar properties.

Another prominent example will be seen in the article *Magnesia*, and its preparations. *Carbonate* and *Sulphate of Magnesia*, will be found in the First Part, pp. 438–440. In the Second Part, under the head of Preparations, *Calcined Magnesia* is found under the head of *Magnesia*, (1022.) *Magnesiæ Sulphas Purum* [1025] again occurs. In the Third Part, or Appendix, *Acetate of Magnesia* [1222] is given. *Chloride of Magnesium* [1241] is given under another head. And lastly, *Citrate of Magnesia*, 1246. Every one of them is either a gentle laxative or cathartic.

7th. Again, we sometimes have as the heading of the article, the name of the part of the plant used: as *Conii Folia*, 264; *Granati Fructus Cortex—Granati Radici Cortex*, 357; *Phytolaccæ Baccæ—Phytolaccæ Radix*, 537; *Lauri Baccæ—Lauri Folia*, 455; *Stramonii Folia—Stramonii Radix—Stramonii Semen*, 688, &c. &c.

8th. To render the confusion still more varied and conspicuous, we not unfrequently see articles arranged under the name of a genus or species, that have long since been suspended or discarded by all reputable botanists. Among these, we witness *Angustura*, [99,] which is a Galipea. *Arctium Lappa*, 117, the proper name of which is Lappa Major. *Diosma*, 301, which is now a Barosma. *Dracontium*, 303, which is Symplocarpus. *Prunus Virginianus*, 566, which, by the mistakes of the older botanists, was transposed for the name of the true medicinal plant, Cerasus Serotina.

9th and lastly. Some mistakes are made which are inexcusable in a work that assumes to be at the head of its class, as it deservedly is in this country.

The most prominent of those which we feel capable of correcting, are the following:

1st. *Filix Mas—Aspidium Filix Mas*, 332. The authors say this plant is indigenous, growing in shady pine forests, from New York to Virginia. The plant to which they refer, is evidently the A. Filix Mas of *Pursh*. Prof. Kunze of Leipzic, in an article on the Ferns of the U. States, (Silliman's Journal, vol. 6, second series, p. 83,) remarks, that "Hooker refers A. Filix Mas, Pursh, to A. Goldianum, Hook and Grew, whether correctly or not, I cannot decide." He very confidently, however, asserts that he "has seen the true A. Filix Mas, from New Foundland." This we may doubt, from the fact that he has given no details, nor refers to any herbarium by which it can be determined as to the correctness of his assumption. The old genus Aspidium has been so far reduced by recent eminent botanists, that not a single species, in all New England, at this time, retains the name: and notwithstanding the assumption of Prof. Kunze, it is equally doubtful whether we possess a true American Aspidium. Of the twenty species enumerated by Pursh, (Flor. Amer., Sept., pp. 660–665, 1816,) and the same number, enumerated in exactly the same order, by Nuttall, (Gen. North Amer. Plants,

vol. 2, pp. 250, 1818,) every one but the A. Cicutarium, which was not seen by Prof. Kunze, from the U. States, are referred to the different genera of Asplenium, Cystoptesis, Woodsia, Dryoptesis, and Palystichum, by Prof. Gray, (Man. Bot. North, U. S., pp. 625–632,) who in matters of this kind is considered the highest authority in the U. States.

3d. Under the head of *Juniperus Virginianz*, 413, and that of *Sabina*, 612, we have two articles for one plant. This is according to the testimony of all eminent botanists. Even Prof. Wood himself, says that they bear so close a resemblance to each other, that they can be certainly distinguished only by the difference of odors. Prof. Hooker, long ago, established the identity of the two plants. It is admitted, also, that their medicinal qualities bear a very close affiinity.

2d. *Prunus Virginiana*, 576. Before the Cerasus was separated from Prunus, Linnæus gave this name to the choke cherry, a shrub possessing no medicinal properties whatever. Ehrhart was the first to characterize and distinguish the wild or black cherry, and named it P. Serotina. By some blunder of the older botanists, the two became confused, an accidental transposition of the specific names took place, by which one was called for the other, and this error has been adopted and is perpetuated, by all our Pharmacologists, who, although they in some cases acknowledge, and even point out the mistake, yet keep the false name floating at the mast head.

4th. *Serpentaria*, 657. In the times of the once celebrated Rafinesque, and indeed all the botanists of that time, Nuttall included in the number, there was a wonderful penchant for baptizing with a new name every plant that deviated in the slightest degree from its original type, either in the form of its leaf, in the color of its corolla, or in the number of its stamens, &c.

Hence Rafinesque (Med. Flor., p. 62) flourishes in pompous style about the two great families of plants of this kind, one of which he phrases "Glossula," and the other "Pistolochia." He then indicates, with a display of his learning, the types of several new genera, such as "Siphisia," "Eudodeca," "Einomeia," &c., leaving the species (from extreme modesty, we suppose) to the ambition of future investigators.

Now the simple fact is, that two innocent plants, Aristochia Serpentaria and A. Sipho, have had to suffer martyrdom — have had their *characters* torn, defaced and despoiled, to gratify the inordinate ambition of these mere *name-making* old botanists.

And in the present instance it appears that our authors seem disposed to out-Rafinesque Rafinesque in the way of multiplying species from a single plant. Notwithstanding their great array of authorities — the great weight of the Academy of Natural Sciences of Philadelphia — the hand-writing of Muhlenberg — the Red River expeditions of Nuttall — the descriptions of Dr. Robert Bridges — the transactions of the Phila-

delphia College of Pharmacy — Carson's Illustrations of Medical Botany — and the numerous quotations from the American Journal of Pharmacy, the *A. Hirsuta*, *A. Hastata* and *A. Reticulata* of their work, are but different forms of *A. Serpentaria*. J. M. B.

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

Columbus, January 1, 1850.

A happy New Year! friends, patrons, *readers*, all—for we hope our friends and patrons *do* read our pages, seeing that we always try to offer them something *worth* reading. Little dreamt we last New Year's day, that we should be filling (!) the editor's chair of this journal in this year of grace, one thousand eight hundred and fifty, and yet, here we are, after ups and downs uncounted, and wanderings far and near, and "hair breadth 'scapes by flood and field," fairly enseonced therein, only fearful lest its straggling "understandings" should part company beneath the burden of our ponderous person: (we actually weighed one hundred and twenty-seven pounds, avoirdupois, with our clothes on, last time we mounted the scales.) The change from the artificial, form-bound, yet happy life, and tortoise like speed, but still steady onward march of men and things in "ultima thule," to the art-less, form-free, social intercourse, and ever restless, bounding, go-a-head-itiveness, which marks the land of the setting sun, is scarcely greater than is the transition from talking and writing exclusively modern Gothic, to inditing "copy" in our mother tongue. Albeit not unused to "quill-driving," we are nevertheless not so much at home in our vocation, as we could wish, simply because we are so over-whelmed with multifarious cares distracting our attention, that when we mount the editorial triped, and the "devil" cries importunately in our ear, "more copy for the Journal!" we grow dizzy with excitement, and beat our brains in search of ideas, summon spirits from the vasty deep, (alas! they won't come,) fidget, fret, and fume, wishing that the too solid, solid flesh of the tormenting imp would melt, and he vanish into thin air, instead of playing the Socrates, taking our troubles cooly, and proceeding to the performance of our duties editorial, and the exercise of our rights and privileges critical, with the air of a martyred philosopher. But the period of incubation cannot last forever; (how long does it take to hatch an editor—can any of our friends "larned" in ornithology inform us?) and when we *do* emerge from the shell, it will be "armed and equipped as the law directs"—not the law of the land, but the law of "Old Physic." Hurrah! "Old Physic," there are two magic words for you, to shout for, to swear by, to love and hate for, to fight, to write for, to live for, aye, if needs be, to die

for! "Sum ex iis, qui miror antiquos." We love the old for the good they have done in their generation, they taught us most of what we know; we reverence the memories of the builders up of "Old Physic," we abhor the rabble rout of rampant, soi-disant reformers; we simply dispise the more insinuating claimants to catholicism in medicine, modestly calling themselves the only true physicians. Such pretenders always remind us of their cousins-german, the inhabitants of Penitentiaries and prisons; if you were to believe the stories of these criminals, the morality taught in our churches—the morality of Christ and the Bible—is all wrong, a mistake, a humbug; such ideas are childish—innocent—green—and Houses of Correction are so called, because such fantastic notions of propriety are there corrected. According to them, true morality consist in robbing your neighbor, seducing his daughter, shooting her brother, and then setting fire to the house; and this is precisely the morality taught by these charlatans, these eclectic, botanic, homœopathic--et sic porro—vampyres, who suck the very heart's blood of their victims slumbering in happy ignorance, fanned by the wings of flattery and falsehood, or waking to recognise too late the ghouls who robbed them of Heaven's best blessing, health; and yet the rabble multitude of quacks would make the world believe that they alone possess the true secret of the art of healing. Strange that *we* should be so blind to our own interest—not to mention such trifles as the interests of humanity—as not to take advantage of their discoveries, *if real*, as not to embrace their doctrines, *if true*, when we so notoriously hasten to adopt each hint, each new invention or discovery that accident or science, the unlettered peasant, or spectacled old nurse, the traveler or the artisan afford us, if it can but be employed to good purpose in our vocation. We do not refuse the boon because the giver is not one of us, unpractised in big words and scant of sounding terms, we receive it thankfully and employ it with judgement and consideration, with a prudent boldness, in a word, *legitimately*, as becomes "Old Physic." Why, it is our avocation, our pleasure and our profit, our profession and our duty, the end and object of our labours, to examine, try, apply to the good work of healing the sick, not merely all the means employed by any of the false prophets medical of the day, which are entitled to any consideration, but a host of others, which either they wot not of, or know not how to employ, or are deterred by false views from prescribing. Why do we "tame our youth to philosopie, cares, and grow still paler by the midnight lamp"—why wade through ponderous tomes to learn the lore of the fathers of our calling—why encounter the horrors of the dissecting room that we may learn something of the machine we have to repair and keep in order, or brave the dangers of the pest-house that we may put our knowledge to the test, if the wisdom acquired at the expense of so much toil and unselfish devotion is of no account—availeth not—is a mere work of supererogation? Does any body think we are so *very* verdant? Who are

the physicians of the historical period alone? What is their position, intellectual—moral—social—not here alone, but in all civilized, aye, even in most uncivilized countries? Three thousand years ago the Grecian army tendered the wounded Machæon their sympathies. The great philosopher Plato, whose character and works have been the admiration of every age and country, so praises the physicians of his time, just twenty three hundred years ago, that we hesitate to transcribe his words, lest we be thought too vain of our honored profession; we will only ask if an art and a science well nigh coeval with the race of man, that from the wide range of human observation, has absorbed into itself every discovery that could by possibility be made subservient to the alleviation of human sufferings, is to be compared, to be named in the same day with those will-o'-the-whisp phantoms that haunt the grave-yards of discarded theories—mishapen monsters, begotten by false fact on falser theory! The one an ever-green tree, whose branches over-shadow the earth; the other wretched parasites clinging for life to its bark; this noble and good, those base and wicked—the one true, the other false—the one enduring, the other ephemeral.

But to return to our position: it has often struck us, that the bibliographical notices of works, now so much the fashion in medical journals, are, after all, but mere systematic puffing, at best suited to new editions of classic authors, or to works of little note or value; we are sure that the readers of *our* journal are not content with such meagre critical diet; they want to know enough of the subject of the book reviewed, as well as of the manner in which that subject is handled, to enable them to decide whether or no it is worth their while to devote a portion of their hard-earned gains to the purchase of the work, of their still more valuable time to its perusal. To meet this want, we shall endeavor to give analytic and critical reviews of all works deserving or demanding such treatment, which may come under our notice; we take the initial step in this very number. We shall criticise in no captious spirit, with no ill will to any one—reproving more in sorrow than in anger, far more pleased to praise than blame; "truth before all things", shall be our motto. "Nuf ced," we shall do our best in our calling, which is not to write, but to edit a journal; to others, to the profession, to the physicians of Ohio in particular, we confidently look for aid; we *boldly beg* their contributions. Forward them, friends!—cases, remarks, opinions, essays, lucubrations, scraps from your note-books, familiar letters, erudite epistles, send them on! the smallest trifles thankfully received, even if only a new susbriber's name and super—we mean *sub*scription. To former contributors to the Journal, greeting cordially we say, "allow us to take the liberty of dunning such tried friends for more of the same sort; we are by no means surfeited, nor are our readers; you have given an inch let us have the ell." Up! ye dwellers in the Great West, up and be doing! gird up your loins, and show the world

what manner of men ye be! *We* know, *we* give "honor to whom honor is due," (bye the bye, thanks, brother of the "the Southern" for reprinting that hurried effusion of ours, we take it as a good omen,) but the world does *not* know. The "hoi polloi" look upon a country doctor as they do upon a tax-gatherer, a sort of necessary evil, a "kinder" state servant, to whose labour every body has a prescriptive right, whom they may call hither and thither, in season and out of season, get all the good they can out of, and then repay with monkey's allowance—more kicks than halfpence. Were any other class used as we are, they would strike for higher wages, *we*—grin and abide it; the moral of which is—"send on those manuscripts." And now to be serious: we have been called at short notice to fill—no! our modesty forbids us to say that—to take the place of him, who on the last occasion greeted the readers of this journal with "a happy new year!" To him it was indeed a happy one; arrived at the summit of any reasonable ambition, it saw him shuffle off this mortal coil, get pretty well out of the scrape of being alive and suffering, and go to the home of good men made perfect in Heaven. 'Tis our loss that we never knew him in the flesh, but his spirit is become our familiar; we sit in his study inditing these line, his handiworks, his household gods are around us, we read the very books he read, and note his annotations, we eat off the same table, each meal graced by the presence of one who was the light of his eyes, the stay of his affairs, the centre of all his enterprises, the clinging dependant, yet the strong supporter, the comforter, and the soul's living home of him who is at rest. "Ossa bene quiescant; sit tibi terra levis."

With no little diffidence have we assumed the duties, editorial and professional, erst so ably performed by John Butterfield; our appointment was as unexpected as it was unsought; and we devoutly pray that the mantle which has fallen on our shouders, may sit not ungracefully upon us. We love our profession with a whole soul; we come of a race of physicians, and sucked in a desire to follow the family calling with our mother's milk, and to this strong attachment to the God-like art of healing, we look for strength to support us in our labours. We have a passion for the legitimate investigation of truth; we love to see the collision of the stubborn flint of fact, with the glittering steel of theory, striking out bright sparks, wherewith to light the torch of science; we are quite independent of all cliques and parties, we can differ with a man without quarrelling with him, and while we grant unto all others the fullest right to the formation and expression of their opinions, we demand the same privilege ourselves; for we cannot understand how any one can dare to claim freedom for his own intellect and conscience, and deny it to his fellow man.

Thus having "defined our position," and made our bow to the profession, too happy to have broken the ice and got through the formalities of introduction, we rub our hands with glee as we inwardly ejacu-

late, "there, thank Heaven that's over!" and proceed to a confabulation with the company (of subscribers) in which we shall enjoy the inestimable privilege of—having all the the talk to ourselves.

CUTANEOUS DISEASE CAUSED BY A PECULIAR PARASITIC INSECT.—(We translate the following abstract from the Danish Journal, Ugeskrift for Læger; it was first published in the Jenaische Annalen tuer Physiologie und Medicin, by Dr. Jahn, of Meiningen.) A disease which has been observed to attack human beings, especially children, about the time when gooseberries ripen, has been called the "gooseberry disease." Those who pluck the fruit, or remain even but a short time in the neighborhood of the bushes, are seized with an indescribable itching, followed by the appearance of an eruption. The itching is most intolerable on the legs, especially about the joints, and those suffer most whose skin is most delicately organized. Children suffer so much that sleep is altogether prevented, they abrade the skin by scratching, and suffer considerably from consensual fever. The eruption which follows the itching, takes different forms; is most frequently papular, not seldom vesicular or pustular; erythematous patches or ulcers also make their appearance. When the skin is very coarse, the eruption sometimes does not appear.

If the sufferers refrained from visits to the gooseberry bushes, the symptoms disappeared of themselves, but if they did not, it continued an indefinite time. It was at first supposed that it was caused by the acid qualities of the gooseberries, but at last it was found that people were attacked who never tasted them, but only remained some time in the neigborhood of the bushes. In the case of a young woman, who suffered severely, the legs were covered with a number of papulæ, pustules of an impetiginous character, and sores of a tolerably healthy appearance. On a minute examination in a strong light, close by the edges of the sores might be seen a number of yellow points, partly arranged in lines like a string of beads, partly in groups. On examining these points with a microscope, they were found to be mites of a peculiar species, the Leptus Autumnalis, of an orange yellow colour, with sucker and piercer, antennæ, six feet, and described by naturalists as burrowing the fore part of the body under the skin of human beings and animals, occasioning thereby excessive itching. After this discovery, Jahn found the same insect on all those who suffered from the disease, as well as on the gooseberry bushes and other plants, thus leaving no doubt of the real origin of the affection. The parasite always chooses the apertures of the cutaneous glands, as the favorite place of its abode, evidently because the epidermis is thinner in such places, and easier to wound.

A mite very nearly resembling the Leptus autmnalis, but of a scarlet colour, is found on caged birds, especially canaries, and causes their emaciation and disease.

We have not translated the above only for its curiosity, but also as an interesting example of how the *form* of a disease, in this case cutaneous may vary in different individuals, the *cause* being the same in all. Here the cause is the presence of a parasitic insect burrowing in the skin; the effect is modified by the number of parasites, the length of time they remain as remain as sources of irritation, and the more or less delicate organization of the skin, and irritability of the system; as products of these different circumstances, we have: mere itching with minute papulæ, then vesicles, then impetigenous pustules, then ulcers; sometimes erythematous patches, and varying amounts of constitutional disturbance: the case is instructive.

Polypharmacy.—In looking over a late number of the London Lancet, we stumbled on a case of suppression of urine, in which the following treatment was adopted: venesection—to drink freely of linseed tea—have a warm bath—mustard poultices to the feet; to take—Chloride of mercury eight grains; powdered cantharides one grain; croton oil four drops; extract of hyoscyamus 4 grains: mix for 4 pills, one to be taken every four hours. Sesqui-ccarbonate of soda, a drachm; nitrate of potass, a drachm; spirit of juniper, two drachms; tincture of squills, a drachm; tincture of cantharides, a drachm; camphor mixture, five ounces and a half: two table-spoonfuls every four hours. Oil of turpentine, half an ounce; compound tincture of camphor, half an ounce; soap liniment, half an ounce; mix for an embrocation, to be well rubbed over the loins every hour, followed in nine hours by a large blister. Pretty well this, for nine hours' work; *polypharmacy*, with a vengeance! Such treatment appears to us as something like striking as many blows in the dark, as you dare, in the hope that some may hit the unseen enemy on the head. Seriously, what kind of experience with regard to the therapeutic actions of remedies, can possibly be gained by the employment of such a farrago of physic? When will physicians learn that the most scientific prescriptions are generally the most simple?

Comparative Mortality.—The Medical Times states that the annual mortality of England in 1700 was about 1 to 25. About the middle of the last century it increased to 1 in 20. In 1801 it was 1 35; in 1811 1 in 38; and is now one 1 in 45; so that about in 89 years, the chances of existence are exactly doubled in London. In Rome the annual deaths are now as 1 in 25; at Amsterdam as 1 in 24; at Vienna as 1 in 22. The inhabitant of London, therefore, has twice as good a chance of living as the burgher of Vienna.

"Wanted, a few active Homœopathic whips, to drive the new stages disease, lately invented by the Homœopathic General Committee.—*Dunkumville Chronicle.*"

Quarterly Homœopathic Journal—Homœopathic Practitioners.—(*Boston Med. and Sur. Journal.*)—The fourth number of this periodical, under the editorial care of Drs. Birnstill and De Gersdolf, from the press of Mr. Otis Clapp, School street, Boston, abounds in papers which physicians will generally read, if placed within their reach, whether they believe them or not. There are some, however, who actually fly into a passion at the bare mention of the word homœopathy. They denounce alike those who practise upon that system, and those who pretend to read a line upon the subject. Many have been the wordy cudgellings we have received from such, because we dared to notice a single movement in the family of hemœopathists. It so happens that it is impossible to please every body in the matter of conducting a periodical. If there are some who feel themselves insulted by a reference to the antagonistic school, the infinitesimals, there are scores on the subscription list who would be indignant were it supposed that no allusions were admissible in regard to the progress, increase of numbers, and literature of this school. These belong to the modern history of medicine; and can it be possible that any one is so short sighted as to suppose that the influence of homœopathists is to be curtailed among the people by simply abstaining from mentioning their existence? Are editors of journals, pledged to collect and transmit that kind of intelligence which concerns medical men, to be called to account for doing that which they have stipulated to do? We have sad examples of the results of coercion and intolerance, among theologians, in their endeavors to maintain a standard of faith. Therefore let us make the best of a bad case, and not abuse nor villify, or abandon the field in disgust or a rage, because all mankind do not choose to give or to take jalap and calomel in large doses.

On many former occasions, we have unflinchingly declared our disbelief in the propositions of Hahnemann. We have no confidence whatever in homœopathy. Doing nothing and taking homœopathic dilutions are, to us, one and the same thing. We again reiterate the opinion, that homœopathy has accomplished nothing in limiting the extention or subduing the violence of disease. Yet in Europe and America there are men of fine powers and cultivated intellects, having pursued the regular studies and received their degrees, who sincerely believe that it has triumphantly done both. Shall they be abandoned as acquaintances, friends and neighbors, on that account? No, we can cherish our own views without interfering with their social relations; read their manuals without being disgraced; disprove their reasoning and explain their wonderful cures without passion or prejudice; and take their sugar pellicles, too—with impunity. What is to be gained, then, for morality or for science, by a perpetual show of hostility towards gentlemen whose convictions are different from our own, in relation to the theory of disease and the methods of curing them.

Yet we do not forget that the maintenance and defence of the regular system of medical practice, which has on its side the accumulated experience of ages, and comprises in its ranks the great body of learned and scientific practitioners of this and other countries, is the primary object of this Journal; and no claim upon us can be maintained or allowed, from those who abjure this system, for anything more in our pages than common courtesy. This we shall try to exhibit, even while we combat their errors. Nor do we consider that, as journalists, we either countenance or aid the doctrines of homœopaths, or give any just cause of offence to their opponents, by such notices respecting them, from time to time, as in our opinion shall be of general interest.

[To the above we most heartily say, Amen! We look upon the generally prevailing ignorance of the present condition of homœopathy, as a professional crime of omission, to which may be attributed much of the apparently flourishing state of that heresy. Even the most insignificant enemy may do a vast amount of injury to the opponent who knows nothing of his positions or tactics.

It is a startling fact that no inconsiderable number of our distinguished allopathic practitioners and professors in European schools of renown, have *avowedly* embraced homœopathy. A knowledge of this circumstance naturally suggests the idea, "is it possible there may be more in it than we think, after all?" No! when we look into the matter, we find that between the pseudo-science that sprang from the brain of Hahnemann — Minerva-like, full-formed, armed cap-a-pie, prepared to conquer all the realm of medicine—and the homœopathy professed by the apostates, there is a Heaven-wide difference. Hahnemannism is entirely thrown overboared by this new sect of mis-called homœopathists, whose *practice* differs very little indeed, from that of most discreet physicians of the old school; they only adopt a different *theoretical explanation* of the modus operandi of some medicines, confessing that such explanation can by no means be given of the action of a great number of remedial agents, which they employ on the same empirical grounds that we do. The Hahnemannites proper, again, out-Herod Herod in their practice, and not content with the transcendentalism of their master, absolutely carry their dilutions to the fifteen-hundreth and two-thousandth—Hahnemann was content with the thirtieth. These must be looked upon as simply monomaniacs, well-meaning individuals, who either from inherited defects of organization or faulty education, lack the power of just observation and logical deduction; 'tis only to be regretted that they had not chosen a walk of life where their excentricity would at least have been harmless. The gambols of a lamb (poor innocent!) could hardly be permitted in a crockery shop: the friskings of a true Hahnemannite at the sick bed-side, involve something more serious than cups and saucers. In religion, both they and those who put their trust in them, affect either Unitarianism or Swedenborgianism, mostly the latter—*verbum sat.* There is still a third party of practitioners calling themselves homœopathists in number far exceeding the other two, who have merely adopted the name to deceive the public; who, ignorant of *all* systems of medicine, follow *none;* whose theory is—"man is a gullible animal;" whose practice is a lie; whose daily labor is unmitigated scoundrelism. Such are the three species of the genus homœopath, each one embracing several varietes, of which more at another time.]

Starling Medical College—Dr. Howard's Address.—(The Boston Journal has anticipated us in the following notice of our colleague's in-

troductory lecture, hence we content ourselves with reprinting it, with our endorsement.)

"Dr. Howard, of the Chair of Surgery, in the above College, whose name has often been mentioned with respect, gave an introductory address at the opening of the autumnal lectures, which has since been published. Having discoursed upon professional character, touched upon the early history of medicine, and adverted to the establishment of medical schools at Rhodes, Cnidos and Cos, he comes to matters and things of recent times. We refer particularly to the boldness with which he cuts in, right and left, upon those pretenders to medical knowledge, whose ignorance is an abomination in an age distinguished for intelligence and scientific progression. Dr. Howard does not spare his own brotherhood: he intimates that nothing but disgrace and the world's contempt must necessarily follow such bickerings, jealousies and quarrels, as often disturb both individuals and institutions. That dogmatical determination which many prominent men exhibit, of carrying their point at all hazards, right or wrong, is commented upon judiciously. All cannot be right, neither can every one be wrong who disagrees with his neighbor, either in the theory or practice of medicine. The mere empiric is quickly disposed of; but obstinate defenders of unexplained ideas, and intangible suggestions from dog-in-the-manger physicians, are regarded with feelings of contempt. Page after page, one luminous thought after another comes into view, of practical value, since it is by grouping all these together, that the young physician understands how to begin with the mixed condition of the society in which he finds a theatre for action. A closing paragraph is devoted to the memory of the late Dr. Butterfield, one of the faculty of the institution, and is creditable to the heart of Dr. Howard, as it is gratifying to the friends of that excellent man."

Medical Schools and the American Medical Association.—(The following article from the November number of the Buffalo Journal, we think merits serious attention, and therefore unhesitatingly reproduce it):—"In connection with some remarks under this caption, in a former number of the present volume of this Journal, we referred to some resolutions prepared by a member of the Association, from this city, Dr. Jas. P. White, the publication of which was then deferred until the next number, for want of space. The resolutions were furnished by Dr. White, at our request, but were accidentally mislaid, and not recovered until a few days ago. This is our apology for not redeeming our promise until now.

"The provisions contained in the resolutions, appear to us highly appropriate and judicious. They were submitted to several members of the Association, at the last meeting, and received their unqualified commendation. We hear frequently, from some quarters, sweeping assertions respecting the corrupt practices of medical schools. Now if there be any foundation for such assertions, let the facts upon which they are based, be known. Justice to all parties demands this. To the medical profession it is due, in order that its patronage and influence shall re-

ceive a right direction. To the friends of medical education it is obviously due, whether in, or out of the medical profession. Exposure is certainly deserved by institutions to which such charges and insinuations will apply, if they are applicable to any, and it is eminently an act of justice to institutions meriting respect and consideration, that they should not be embraced in that indiscriminate censure and suspicion, which too often enter into declamations respecting medical reform, etc The reasons for the resolutions, lucidly and succinctly set forth in the preamble, do not require amplification, and must commend themselves to the judgement of the candid reader.

"We append a note by Dr. White, enclosing a copy of the resolu, tions:—

"DR. FLINT,

Dear Sir:—The following preamble and resolutions were prepared with the intention of submitting them for consideration at the last meeting of the American Medical Association.

"The unusual amount of miscellaneous business protracting the session much beyond the ordinary period, prevented me from submitting them at the time.

"Being of opinion that something of the kind is demanded for the mutual protection of the profession, and the schools, and purposing to lay them before the Association at some subsequent meeeting, I shall feel obliged to you for their insertion in the Journal, that the different members may bestow upon the subject such reflection as it deserves, and be prepared to make such suggestions as will conduce to the interest of all parties. Yours truly,

JAMES P. WHITE.

"*Whereas*, charges and insinuations are frequently made imputing to medical institutions, venal conduct in selling degrees, or conferring them upon imperfect evidence of qualifications, and various other unworthy acts;

"And *whereas*, such charges, if true, imply gross abuse of the corporate powers vested in collegiate institutions; are calculated to affect most seriously the cause of medical education, and are highly prejudicial to the character and interests of the medical profession;

"And *whereas*, such charges and insinuations are usually applied to medical institutions, collectively, without discrimination or specifications, thus inflicting injustice, and bringing unmerited censure upon the colleges whose course is upright and honorable;

"And *whereas*, malversations of medical schools are legitimate subjects for inquiry and investigation by the American Medical Association, with a view to such action as shall appear to be necessary for their correction, and at the same time to protect institutions deserving confidence and support;

"And *whereas*, no committee at present exists to take cognizance of any abuses, although resposible individuals, actuated by praise-worthy motives, should desire to communicate knowledge of them;

"Therefore *resolved*, that a committee of seven members of the Association, not connected with the medical schools, be appointed by the president, to receive any specific charges of dereliction of duty, and propriety, by medical institutions; and whose duty it shall be to investigate these charges, and to report all the important facts and circumstances therewith connected; and such actions as they shall recommend, at the next meeting of this Association.

"*Resolved*, that it is hereby enjoined as a duty incumbent on every member of the Association, to communicate to this committee any information having important bearings upon the objects for which the committee is created. And any member of this committee is fully authorized to call upon any member of the Association, for any such information in his possession.

"*Resolved*, that it shall be considered improper, and a violation of medical ethics, for members of the Association, to make or repeat charges against the character of chartered medical institutions, while they do not give them specific form, and report them for the action of the committee hereby constituted."

Free Medical Schools.—Dr. N. S. Davis, Professor of Physiology and Pathology in Rush Medical College, Chicago, whilom editor of the New York Annalist, original proposer of the American Medical Association, &c., &c., &c., has, in an address on "Free Medical Schools," insisted very much on "the inordinate expenses" attending medical education on the present system, and proposes to do away with fees to lecturers, and make medical instruction literally "cheap as dirt." The editor of the Western Lancet has so ably dissected this scheme, and exposed the miserable rottenness and corruption at its core, that did our space permit, we would reprint the whole article. We freely endorse the sentiments of the writer on this subject; and expect the next proposition of Prof. Davis will be in addition to a gratis education, to give the students oyster suppers on Wednesdays and Saturdays, and turkey and venison dinners on Tuesdays and Fridays, for surely it will never do to let the poor fellows starve on coffee and "chicken-fixins." "Mens sana in corpore sano" used to be the motto in our school-boy days; to attend six lectures a day is mighty hard work *we* think, and few minds will be able to labor that much *profitably*, unless the powers physical be sufficiently sustained; and what's the use of all the learning in the world without health and strength, we should like to know? If any thing is to be *given* away, true benevolence would *first* see that the objects of her bounty, lacked nothing in the way of "creature-comforts," and *these* abundantly sup-

plied, the intellectual wants might next be cared for. The Chicago system reverses this order, and offers the hungry shivering student, a free lecture on the physiology of digestion, saying "eat and be filled," or a ditto upon animal heat, as a substitute for woolen stockings and overcoat. The plan is new, but immoral; hence 'twill so necessarily be frowned down in this age of regenerate piety and almost universal charity—so universal that even medical schools are becoming tinctured with it—that we have small doubts as to the result.

Starling Medical College—Faculty Supper.—The annual supper given by the Faculty of this school, came off on Christmas Eve, when the students and other invited guests to the number of 237 sat down to enjoy one of Winne's best suppers, in the great dining room of the Neil House. The room was handsomely decorated for the occasion, and three tables stretched along its whole length, each one groaning beneath the weight of good things with which they were crowded, and which of a surety, were not taken in homœpathic doses. The Hon. Sam'l Galloway presided, and after the more substantial fare had been duly discussed, introduced the company to the more etherial and intellectual part of the repast, in his usual and well known happy manner. Toast after toast, speech after speech followed, with now and then a pause to take breath, (during which the choice band secured for the occasion discoursed eloquent music,) and the meeting broke up considerably past mid-night; never it appeared to us had Old Time used his wings to such purpose; the hours literally flew. The Chairman was supported on his right hand by the respected chief magistrate of the Commonwealth, Governor Ford, on his left by Benjamin Cushing, Esq., and a number of ladies graced the festive scene with their presence. We have not space to give any more particulars, but cannot let pass this opportunity of paying a just compliment to the speech of Mr. Mendenhall in reply to the toast—"the Students of the Starling Medical College;" it was worthy of him, of them, and of the College.

Real Discoverer of Etherization.—Dr. C. W. Long, of Jefferson, Jackson Co., Georgia, has, in a communication to the Southern Med. and Surg. Journal, urged his claim to have used Ether for the production of anesthesia during surgical operations, as early as the 30th March, 1842. The particulars of his discovery, certificates, &c., are given in the article, and in a note, the editor adds, "that the writer of this communication is a highly worthy member of the medical profession, exceedingly modest in his pretensions, and entitled to full credit for all he advances."

Removal of Stains of Nitrate of Silver.—Accident first led M. Marinenq to the observation, which he has since repeatedly confirmed, that

the stains produced by nitrate of silver on linen, &c., may be readily removed by wetting the linen in a solution of bichloride of mercury, (1 part to 31,) rubbing it well, and then washing it in cold water.—*L'Union Medicale, from Buffalo Medical Journal.*

Nasal Hæmorrhge.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hæmorrhage is arrested. Dr. Samuel R. Smith, of Tompkinsville, Staten Island, N. Y., communicates to the Boston Med. and Sur. Journal, a mode of treatment which he learned from an old shipmaster, and had found successful. The treatment consists simply in making pressure immediately at the root of the septum narium, when the hæmorrhage is immediately and permanently arrested.

Calomel in Acute Articular Rheumatism.—Dr. Leclercq has published in L'Union Medicale, several cases of acute articular rheumatism, successfully treated by small doses of calomel. Dr. Law, of Dublin, had so early as 1836, pointed out the advantage of this practice; as Dr. Trousseau, of Paris, has likewise done, in his book on therapeutics; but these physicians used to combine quinine with the calomel, and Dr. Leclercq has obtained very good results by calomel alone. These were the different steps of the treatment:—1. Bleeding, if the subject be plethoric. 2. Calomel in divided doses—viz., one grain of calomel in about a drachm of white sugar, to be divided into twelve papers; one to be taken every hour. 3. An opiate at night. 4. Cooling drinks. 5. Poultices, sprinkled with laudanum, on the painful joints. This method has been found to counteract the cardiac complications as well as, if not better than any other. The lemon-juice treatment appears to be quite a favorite among English practitioners, and is said to have yielded excellent results.

Cryptogamous grigin of Cholera.—The following are the conclusions arrived at by a committee of the London College of Physicians, appointed to examine this subject:

The "Cholera fungi" do not exist in the waters of a large number of the districts in which cholera prevails.

The "Cholera fungi" cannot, by the most careful examinations, be detected in the air of many rooms inhabited by cholera patients.

"Cholera fungi" are constantly to be found in the stools passed by patients laboring under other diseases than cholera.

"Cholera fungi" are occasionally to be found in healthy stools.

"The bodies which have been called 'different forms of the development of the cholera fungus,' are in quality the most dissimilar in their origin and chemical constitution."

Death From A Drop of Laudanum. By H. V. Wooten, M. D.—A fine, healthy, female child, in the 5th day of its age, suffered from "griping," as its mother supposed, for which she administered to it *one drop* of laudanum. Thirty minutes afterwards, its breathing becoming slow and stertorious, I was sent for; but being absent, another physician saw it, who found it impossible to get the child to swallow any thing. External excitants, &c., were resorted to, and three hours after the laudanum was taken I saw it. Its pupils were dilated and insensible to light, breathing very laborious, each inspiration giving a loud, struggling sound, great lividity of complexion, etc. It would draw four insptrations, at the rate of 16 per minute, and then cease to inhale about 30 seconds, when the four insirations would again be drawn. On the fourth inspiration, a general spasm of the extremeties would seize it. Its pulse during the last two inspirations was about fifty to the minute, during the spasm and suspension of breathing it would run up to about 100, become very weak, and finally cease at the wrists about 6 second before the breathing was resumed.

This condition continued without material variation until the sixth hour, when on bathing it in hot water and brandy, followed by the application of plasters of cayenne to the feet and hands, it breathed continuously, but with great difficulty, at the rate of thirty inspirations per minute, for 20 minutes, and its pulse during this time ranged from 90 to a 100. Ita pupils contracted a little, and the levity of complexion disappeared to a considerable extent. Hopes were now entertained that it had passed the crisis, and would recover; but spasms again seized it, from which it fell into a collapse, from which nothing that we could do would raise it. After this it would only draw 3 inspirations at the rate of 12 to the minute, when spasm would occur and the suspension of breathing would become longer. At the tenth hour it drew but two inspirations together, about 12 seconds apart, and then suspended for nearly a minute. For 3 hours I thought during every suspension of breathing, that it was dead, as its pulse would cease at the wrists before breathing was resumed; but it continued to labor for breath in this way until the end of the 11th hour, when it died.

The laudanum was dropped from an ounce vial, in which there was but about 10 drops. It had been stopped with a piece of twisted paper, and hanging up about a year; all the inner surface of the lower part of the vial was encrusted with opium; and the remaining laudanum was heavily charged with this deposit resulting from evaporation. Every means of keeping the child alive, which our ingenuity could suggest were diligently applied, and with apparent effect, but no success.

This case is one which rarely occurs, and I report it mainly on that account; yet it is not otherwise destitute of interest. The stomach pump was not used, because I had no tube of suitable size, and besides I was satisfied that it was too late to resort to measures of that kind when I saw it.—*South. Med. and Sur. Jour.*

Editorial Changes.—Professor Eve has retired from the management of the Southern Medical and Surgical Journal, which he has for five years conducted so ably. The regret which is always felt when a good man and true, retires from the ranks of the corps editorial, is on this occasion rendered more than usually keen by the announcement, that retirement is rendered necessary by continued and most severe family affliction. With a fellow-feeling we tender—personally unknown—respectfully our warmest sympathy to the retiring editor, and offer the hand of welcome to his successor, Dr. J. P. Garvin. Dr. G. was associated with Prof. Eve, as co-editor, a year or two ago.

OBITUARY.

The whole profession, both in this country and abroad, will learn with sorrow, the death of Amariah Brigham, M. B., Superintendent of the New York Lunatic Asylum, responsible editor of the Journal of Insanity, author of a small volume on Asiatic Cholera, one on Mental Cultivation and Excitement, one on the influence of religion upon the health and physical welfare of mankind, one on the brain embracing its anatomy, physiology and pathology, and last and appropriate gift "to all those who are or have been in my charge as patients," "the Asylum Souvenir, affectionately dedicated to them by their true friend and physician." Dr. Brigham was born at New Marlborough, Berkshire Co., Massachusetts, on the 26th Dec., 1798, and died at the Utica Asylum, of dysentery, on the 8th Sept., 1849.

At Onondaga Hollow, N., Dr. Joseph W. Brewster, a lineal descendant of Elder Brewster of the Mayflower, æt. 86.

At the Emigrants' Hospital, Ward's Island, N. Y., on the 28th Dec., last, William D. Urquhart, M. D., one of the Medical Staff of that institution. The deceased was a native of Aberdeen, Scotland, a devoted student, a faithful physician, and an upright man. He attended lectures at the Willoughby School, in 1846, and his loss will be mourned by a large circle of friends and acquaintances in Ohio.

Third week in October last, at his residence, in Woodstock, Vermont, Joseph Gallup, M. D., in the 81st year of his age, favorably known by his history of epidemics in Vermont, and other valuable contributions to medical literature.

In New York, on the 20th Nov., last, D. S. Meikleham, M. D., who for some time edited the "New York Medical Intelligencer," well known as a profound scholar.

On the 18th of August last, John E. McNairy, M. D., Superintendent of the Tennessee State Lunatic Asylum, at the early age of thirty-one years.

At New Boston, on the 12th of October, Dr. E. Moore, of hemorrhage from the bowels.